



Ohio Family &  
Children First



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GOVERNOR OF OHIO

# What is the Multi-System Youth Custody Relinquishment Prevention Fund?

- The state child-serving agencies jointly developed this program to provide technical and financial assistance to youth and families with complex multi-system needs.
- The aim of this collaborative is to prevent custody relinquishment of youth solely for the purpose of obtaining needed treatment, and to assist local entities with obtaining services that support children and youth who have been relinquished and are transitioning back to community and/or non-custody settings.

# Who is eligible for funding?

All the following must apply to qualify for funding:

- The youth has multi-system needs and is at risk for custody relinquishment
- The applicant has identified availability of local resources
- Multi-system local and/or regional agencies are working to coordinate care for the youth
- Financial resources have been reasonably exhausted
- The child/youth will be placed in the least restrictive setting, and the setting will be documented as clinically appropriate to meet the treatment needs of the youth

## How do I apply for funding?

- Families, through their County Family and Children First Council (FCFC), may access technical assistance and direct financial aid to cover costs associated with a youth's care.
- All applications are reviewed by a multi-system team composed of child/youth serving state agencies, and funding will be authorized (or not authorized) by ODM.

# What services can be paid for with this funding?

Funding has been authorized for a wide variety of services and supports

- in-home services
- parent/family coaching
- respite care
- mentoring services and costs associated with residential treatment

Funding can be requested by local FCFCs for the following purposes:

- Care Coordination/Wraparound
- In-home and/or community supports
- Residential treatment and/or room and board for treatment

## Current Status

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<b>Applications Received to Date</b>	<b>Youth Funded</b>	<b>Technical Assistance Only</b>	<b>Total Funding Authorized to Date</b>	<b>Counties Served to Date</b>
424	297	52	\$8,292,780.37	73

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<b>SFY20 Funds Authorized</b>	<b>SFY21 Funds Authorized</b>
\$4,838,622.98	\$3,454,157.39



Resilience through  
Integrated Systems and Excellence

## Ohio Department of Medicaid Procurement Update

September 25, 2020



# Ohio's "Status Quo" for Health Outcomes

A need to do better for the people we serve

Ohioans are less healthy and spend more on health care than people in most other states

For the general population, Ohio is ranked:

● 46th in the nation for Health Value

● 43<sup>rd</sup> for Population Health

● 28<sup>th</sup> for Healthcare Spending

For children and young adults, Ohio is ranked:

● 46<sup>th</sup> for percent of children ages 0-17 who currently have asthma

● 41<sup>st</sup> for infant mortality rate

● 40<sup>th</sup> for young adult drug overdose deaths ages 18-25

● 40<sup>th</sup> for percent of youth ages 12-17 with major depressive episodes



# OHIO MEDICAID - AUTISM POPULATION & SERVICES

- Rehabilitative services
  - Vision hearing and dental services
  - Physical therapy
  - Occupational therapy
  - Speech therapy
  - Diagnostic, screening, preventative and corrective services
  - Administering immunizations
  - Screening for disease
  - Preventative group counseling
- Behavioral and communication approaches including clinical therapeutic intervention
  - Dietary approaches
  - Medications
  - Complementary and alternative medicine
  - Physician services
  - Home health
  - Private duty nursing
  - Medical equipment and supplies

AGE 0-3	AGE 4-9	AGE 10-13	AGE 14-18	AGE 19-26	Total
3,004	9,801	6,223	5,921	4,541	25,301

TOP FIVE SERVICES	CHILDREN WITH AUTISM	ADULTS WITH AUTISM
Hospital	17,932	3,643
Physician Osteopath Individual	19,799	5,053
Dentist Individual	10,192	2,194
Pharmacy	17,430	2,104
Nurse Practitioner Individual	11,703	3,099

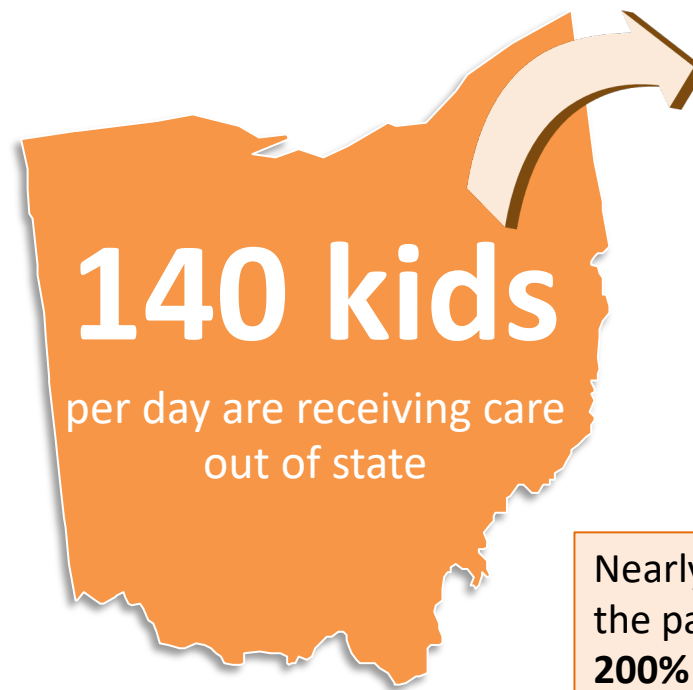
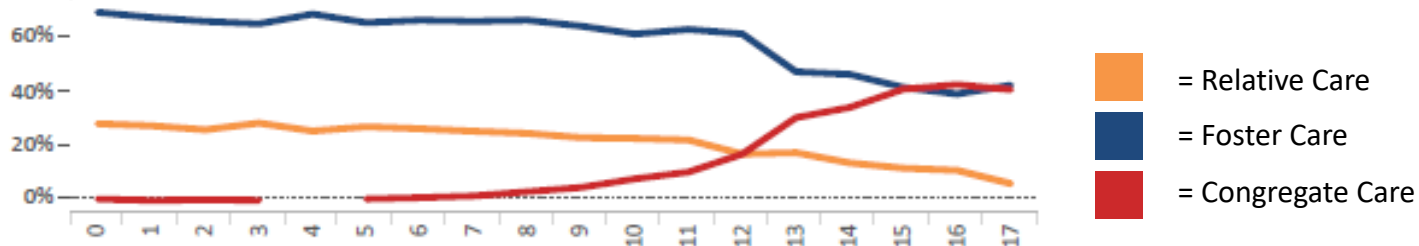
## The Current MSY System in Ohio



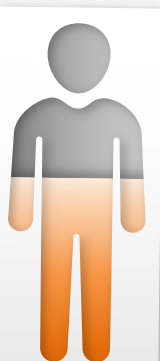
**13%** of children in the child welfare system are in **congregate care** and...

...for **kids over age 15**, this number **increases** to over 40%

Percent by placement setting & age  
(note: only 3 greatest placement settings included)

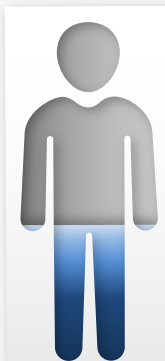


Nearly **700 children** in the past 4 years and a **200% increase** in kids for this year compared to 2016



**58%**

of children on a **DD waiver** are taking behavioral health pharmaceuticals



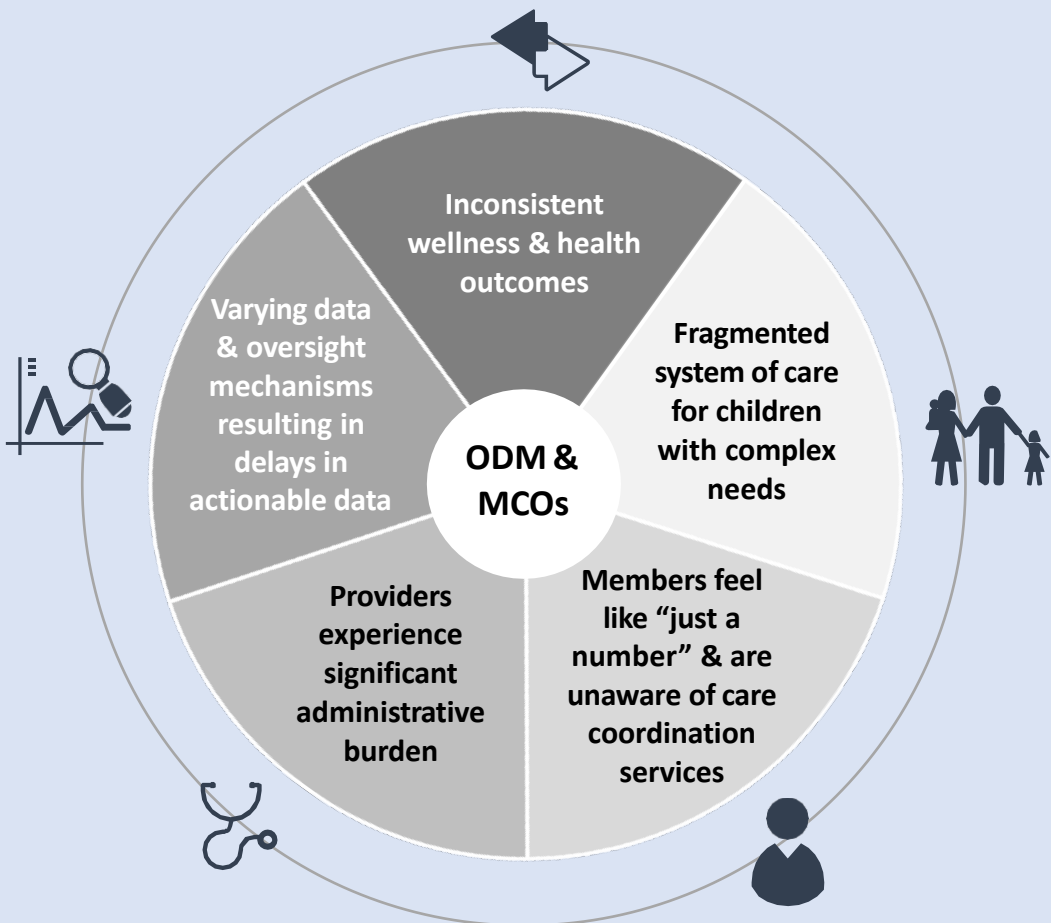
**38%**

of youth in the Medicaid have **families** with a history of OUD, SUD, and/or SED primary diagnosis

# Overview of OhioRISE

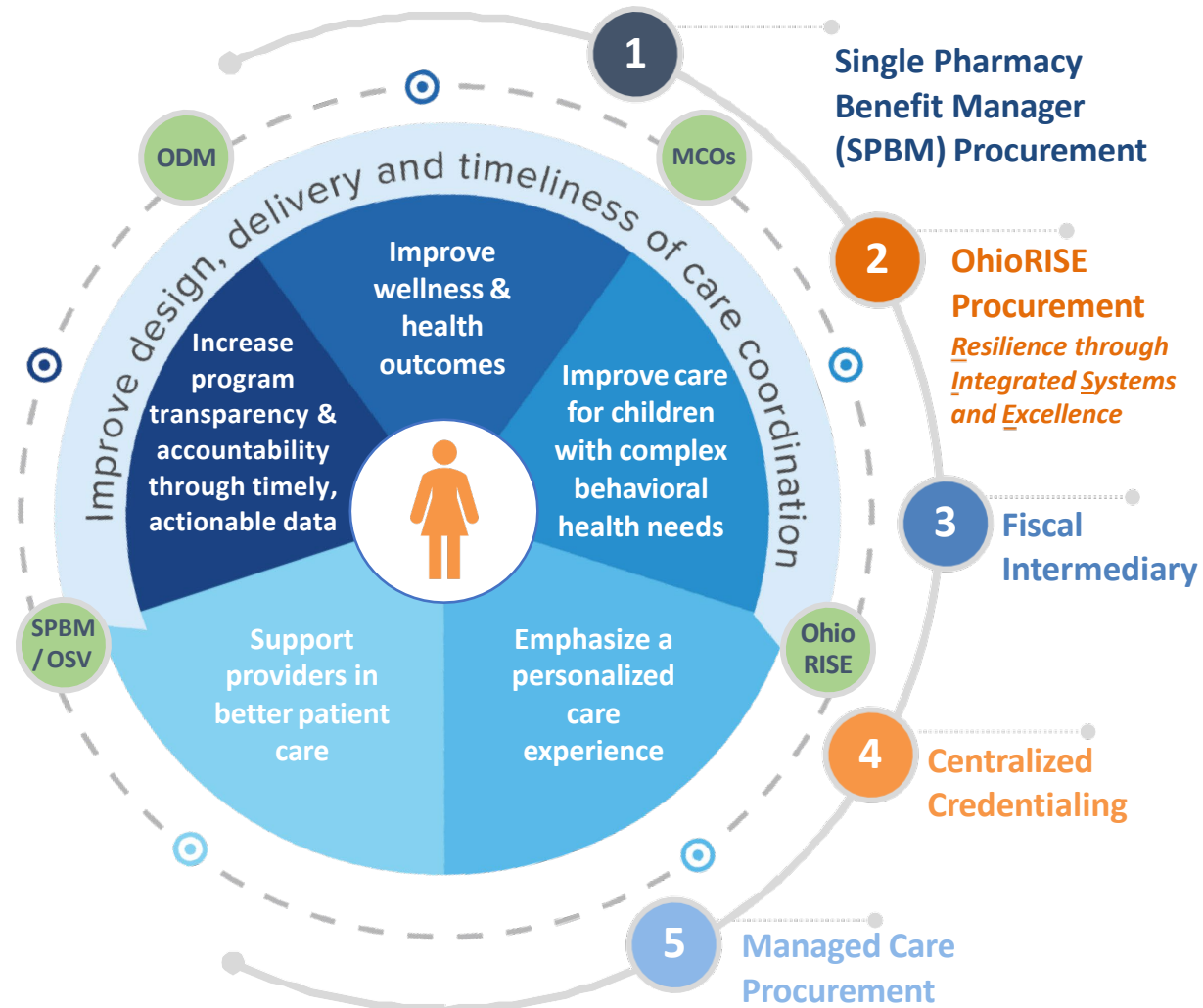
## Today's Ohio Medicaid Managed Care Program

Members are impacted by business decisions that don't always take their needs or circumstances into consideration. Providers are not always treated as partners in patient care. We want to do better for the people we serve.



## “Next Generation” of Managed Care in Ohio

The focus is on the individual with strong coordination and partnership among MCOs, vendors & ODM to support specialization in addressing critical needs.



# OhioRISE Updates

Several key design features of the MSY ecosystem have been further defined since RFI #2



## **Procure a specialized managed care plan**

ODM will procure a special type of managed care plan – a prepaid inpatient health plan (PIHP) – to ensure financial incentives and risks are in place to drive appropriate use high quality behavioral health services



## **Implement intensive care coordination (ICC)**

Adoption of a care coordination model consistent with high-fidelity wraparound, to include ICC and a medium intensity care coordination option



## **Pursue a vehicle to control service costs while targeting children most in danger of custody relinquishment**

Utilize a new 1915c waiver to target the most in need families and children, prevent custody relinquishment, and tightly control service costs



## **Match youth needs and strengths with evidence-based and evidence-informed services**

Leverage the Child and Adolescent Needs and Strengths (CANS) tool to determine eligibility for OhioRISE and match youth and adolescents to the most appropriate services



## **Adopt a shared governance model**

Multiple state agencies will oversee and guide the OhioRISE program



## **Shift the system of care**

Update Medicaid's Intensive Home-Based Treatment (IHBT) to better align with Family First Prevention Services (MST and FFT), implement new Mobile Response and Stabilization Service (MRSS) in Medicaid, and develop PRTF as an OhioRISE benefit

## Shared Governance that Leverages System Changes, Enhances Access to High-Quality Services

### MSY Technical Assistance and Funding Program, MSY Action Plan

Led by Ohio Family and Children First, state-level technical assistance and funding prevents custody relinquishment for some of Ohio's highest need children and youth. The MSY Action Plan's drives Ohio toward system changes and tailored services.

### Children Services Transformation Advisory Council

Has held 10 Foster Care Forum listening sessions across the state; this group will issue recommendations to transform the child protection system later this year.



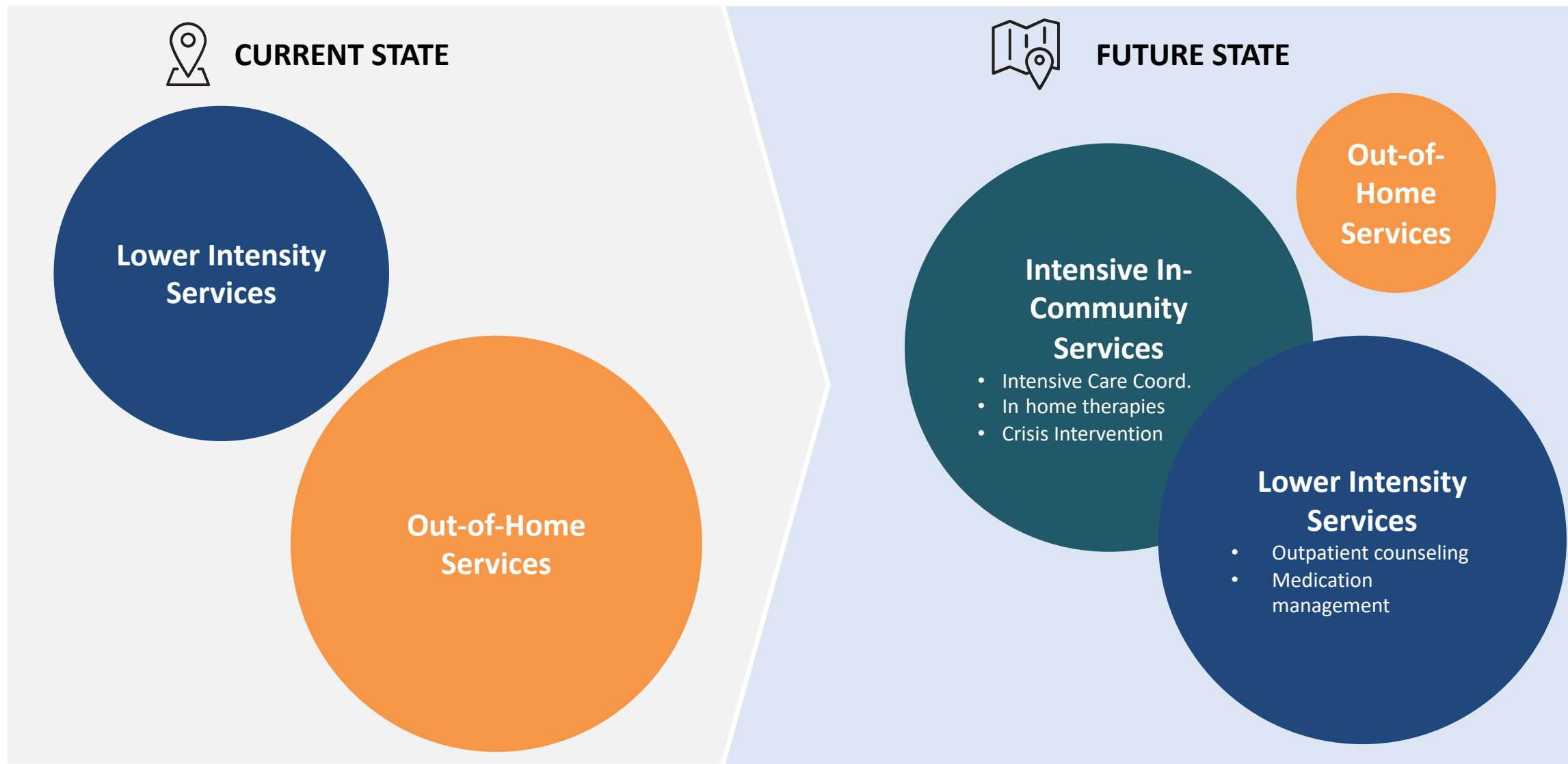
### Family First Prevention Services Act

The Department of Job and Family Services is leading a robust multi-agency effort to plan for and implement the Family First Prevention Service Act (FFPSA) in Ohio.

### Evidence-Based and Evidence-Informed Care

State and local agencies work within communities across the state to fund and implement evidence based/informed services and supports for children with complex needs

# We Need to Build Significant Capacity to Shift the System



# Eligibility for OhioRISE

**Children must meet all of the criteria below**

## **Medicaid Eligible**

In FFS or managed care for physical health benefits  
May also have an existing 1915(c) waiver - I/DD or Ohio Home Care

## **Children <21 Years of Age**

## **Require Significant BH Services**

In need of intensive community services or out-of-home services

## **Meet Functional Needs Criteria**

As assessed by the Child and Adolescent Needs and Strengths (CANS)

ODM anticipates OhioRISE enrollment between 50,000 and 60,000 children and youth by the end of year 1.



# BH Services

OhioRISE will provide several new services in addition to existing BH services through Managed Care plans

## OhioRISE Services

**Management of all existing BH services for enrollees**

**New services only available through OhioRISE**

- Intensive Care Coordination
  - Consistent with principles of High-Fidelity Wraparound
  - Delivered by a “Care Management Entity” – qualified agency
  - Two levels – intensive and moderate
- Intensive Home Based Treatment (IHBT)
  - Changes to existing services, align with FFPSA
- Psychiatric Residential Treatment Facility (PRTF)
- Mobile Response and Stabilization Service (MRSS)

**New 1915(c) waiver that runs through OhioRISE**

- Unique waiver services & eligibility

## Managed Care and FFS BH Services

**MCO BH responsibility for kids not in OhioRISE:**

- Coverage of existing BH services
- Mobile Response and Stabilization Service (MRSS)
- Administrative care coordination
- Utilization management
- Quality improvement

**MCO will be responsible for assuring access to CANS assessment to determine when child needs enhanced services of OhioRISE (ICC/CC, IHBT, PRTF)**

- MCO will coordinate to transition BH services to OhioRISE

# Future Multi-System Youth Delivery System Design

## Family and Children First Cabinet Council:

Governor's Office of Children's Initiatives, Office of Family & Children First MHAS, ODJFS, DODD, ODM, DYS, DRC, ODH, ODE,  
Federal and State funds | Governance and Oversight

### Medicaid Managed Care Organizations (MCOs)

Physical health,  
limited BH services

### Service Providers

Contract with OhioRISE & MCOs to  
provide services

### OhioRISE

Contract with CMEs, providers

### Department of Medicaid

Contract, provide oversight of the  
OhioRISE and MCOs

### Network of Care Management Entities (CMEs)

Provide Intensive Care  
Coordination using High Fidelity  
Wraparound



# Expected Outcomes of the Future System

How similar models have improved care for children with complex BH needs



## MASSACHUSETTS OUTCOMES

- Over three years:
  - **32% reduction** in inpatient hospitalization
  - **30% reduction** in days spent in hospital (prior to system of care reforms, inpatient psych hospitalization increasing)
  - **11% decrease** in per member per month expense for inpatient psych
  - **Significant decline in use of ER**
  - Increase in availability and use of community based intervention (from 0 to 42% use)



## WRAPAROUND MILWAUKEE OUTCOMES

- **Reduced** average daily residential treatment facility population from **375 to 110**
- 14.1% **recidivism** rate in Milwaukee vs. 41% rest of state
- **Decreased average LOS** in residential treatment from 14 to 4 months
- **40% increase in school attendance** from time of enrollment to disenrollment
- **Family results:**
- **91%** of families/caregivers felt they and their child were treated with respect
- **91%** of families felt staff were sensitive to their cultural, ethnic and religious needs
- **72%** felt there was an adequate crisis/safety plan in place
- **64%** felt empowered to handle challenges situations in the future

## Next Steps

1. Watch for information about OhioRISE and the rest of our Reimagined Medicaid reforms
2. Service design meetings will begin this fall.
  - » Continuing emphasis on developing statewide system capacity
3. Plan for implementation and training for OhioRISE and other managed care changes during CY2021.