Mike DeWine, Governor
Jon Husted, Lt. Governor
Matt Damschroder, Interim Director

Peer-to-Peer Adoption Assistance Community Resource Information Series

Session 2:

Peggy Day (ODJFS Medicaid), Carolyn Hagopian (ODM), Rachel Hopmoen (ODM) and Amanda Bryant (ODM)

July 13, 2021

Mike DeWine, Governor
Jon Husted, Lt. Governor
Matt Damschroder, Interim Director

Agenda

- Introduction
- Medicaid Presentation
- Wrap Up

Mike DeWine, Governor
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Introduction

- Facilitators
- Housekeeping
- Introduction of Speakers

Disclaimer: These webinars will be recorded. To prevent any inadvertent disclosures of recipient information, specific case questions will not be addressed by facilitators during the live event.

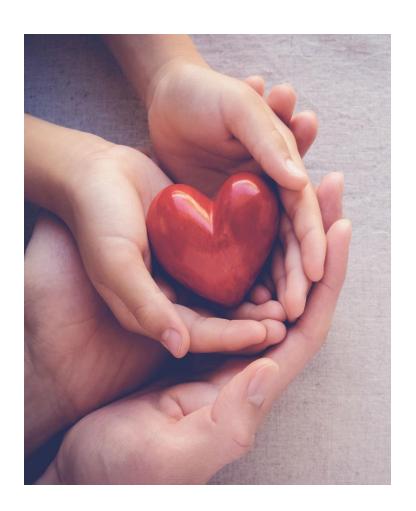


Peer to Peer Adoption Assistance Community Resource Series Information Session: Medicaid

Ohio Department of Medicaid July 2021

Agenda

- Medicaid Covered Services
- Medicaid Managed Care
- Ohio Home Care Waiver (OHCW)
- Next Generation of Managed Care and OhioRISE
- Multi-System Youth Technical Assistance and Funding Application
- Managed Care and OHCW Contacts



Medicaid State Plan Services for Recipients under 21

Ohio Medicaid

- Most Medicaid beneficiaries are eligible for membership in an Ohio Medicaid Managed Care Organization
- Children in Custody and Adopted Children with a Title IV-E adoption agreement in effect are included in our Managed Care Program
- There is a small population in Ohio's Fee-For-Service (FFS) Medicaid or sometimes called "Traditional" Medicaid Program
 - » Example: Coverage for those who are residing in an Intermediate Care Facility (ICF) or have DODD waiver services.
- Children who receive DODD waiver services can "opt in" to Medicaid Managed
 Care

Medicaid Covered Services

- Alcohol and Drug Addiction
- Dental
- Emergency
- Family Planning
- Healthchek
- Hospital
- Medical Equipment
- Mental Health
- Pregnancy

- Preventive Heath
- Prescriptions
- Professional Medical Services
- Transportation
- Vision
- Managed Care Value Added Benefits

Transportation

Transportation Assistance

If you're covered by Medicaid and you're having trouble getting to health care services, transportation assistance may be available.

- If you're a member of a managed care plan or MyCare Ohio plan, call the number listed in the table to the right, or contact the Ohio Medicaid Hotline for consumers (1-800-324-8680 or ohiomh.com).
- If you're not a plan member (or you want an option besides what your plan offers), contact the Medicaid Transportation Coordinator at your local county department of job and family services (CDJFS). The main phone number for each CDJFS is included in a list available at jfs.ohio.gov; select County Directory.

If you're not a plan member and you need transportation by wheelchair van, you may contact a provider directly. A searchable directory of Medicaid providers is available at medicaid.ohio.gov; select these options:

FOR OHIOANS > Already Covered > Your Benefits > Find a Medical Provider

Questions? Contact the Ohio Medicaid Hotline for consumers at 1-800-324-8680 or ohiomh.com.

ODM Bureau of Health Plan Policy, 11/1/2018

Don't cancel. Call!

	Managed Care Plan	MyCare Ohio Plan
Aetna		1-855-364-0974 1-866-799-4395
Buckeye Health Plan	1-866-246-4358 1-866-531-0615	1-866-549-8289 1-866-531-0615
CareSource	1-800-488-0134	1-855-475-3163
Molina Healthcare	1-866-642-9279	1-844-491-4761
Paramount Advantage	1-866-837-9817	
United Healthcare	1-800-895-2017 1-800-269-4190	1-877-542-9236 1-800-269-4190



Psychiatric Residential Treatment Facilities (PRTF)

- Centers for Medicare and Medicaid Services (CMS) designated facility type
- Different than an ODJFS licensed Qualified Residential Treatment Program (QRTP) or ODJFS licensed facility
- Ohio Medicaid can cover an out of state PRTF per EPSDT rules
- PRTF coverage will be included in our 2022 OhioRISE (Resilience through Integrated Systems and Excellence) Managed Care Organization
- PRTF in-state facility rules are expected to be filed in Summer 2022

Medicaid Early, Periodic, Screening, Diagnostic, and Treatment Services (EPSDT) or "Healthchek"

- The EPSDT benefit is for individuals under the age of 21.
- In Ohio, EPSDT is also referred to as "Healthchek."
- Services under the EPSDT program include: vision, dental, hearing, and all medically necessary screenings, health care, diagnostic services, treatment, etc.
- Ohio EPSDT (Healthchek) covers anything medically necessary that a child may need that is covered by Medicaid.



Medicaid Managed Care

What is Managed Care?



If the cost of care for a member is greater than the PMPM amount, the plan is responsible for covering the additional costs

Ohio Medicaid Managed Care Organizations as of June 2021











Mental Health Benefits

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



Community Psychiatric Supportive Treatment (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



Coverage for Autism Spectrum Disorder

- "Treatment for autism spectrum disorder" means evidence-based care and related equipment prescribed or ordered for an individual diagnosed with an autism spectrum disorder by a licensed physician who is a developmental pediatrician, or a licensed psychologist trained in autism who determines the care to be medically necessary, including any of the following:
 - » (a) Clinical therapeutic intervention;
 - » (b) Pharmacy care;
 - » (c) Psychiatric care;
 - » (d) Psychological care;
 - » (e) Therapeutic care.

Choosing a Managed Care Organization

- The **Medicaid Consumer Hotline** provides information regarding managed care enrollment and Medicaid questions
 - » 1-800-324-8680
 - Monday Friday from 7:00am to 8:00pm
 - Saturday 8:00am to 5:00pm
 - » Online at <u>www.ohiomh.com</u>
 - » Search for managed care providers and enroll in/change plans online
- ODM creates a yearly comparison chart that shows differences between HMOs: https://www.ohiomh.com/Documents/OhioMedicaidComparisonChart.pdf
- ODM creates a yearly report card that scores the HMOs on various health outcomes: https://medicaid.ohio.gov/Portals/0/Resources/Reports/MCO-reportcard.pdf

Call Us: 1-800-324-8680

O Customer Service: Mon-Fri 7am-8pm and Sat 8am-5pm EST

≜ Login / Register

Translation Services

Contact Us

Q Search



Jon Husted, Lt. Governor

Department of Medicaid

Compare Plans ▼

♣ Find A Provider ▼

Change My Plan ▼

Resources ▼



OhioRISE

Maureen M. Corcoran, Director

Resilience through Integrated Systems and Excellence

Discover OhioRISE!

Learn about OhioRISE(Resilience through Integrated Systems and Excellence), a specialized managed care program for youth with complex behavioral health and multi-system needs.

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Learn More About Managed Care Plans

Ask Yourself Questions

Your health care is important. Being enrolled in the managed care plan that works best for you and your family is also important. Ask yourself some questions before changing your health plan:

- What services do I think I need? Doctor's visits?
- What health plan do my doctors take?
- What kind of doctors do I need? Pediatrician? Family doctor?
- What extra benefits meet my needs?

Learn About Medicaid Managed Care Plans

Learn About MyCare Ohio Plans



Compare Plans and Find a Provider

Tompare Managed Care Plans

Learn about managed care plans available in your area. Compare different benefits and providers offered by the health plans.

Compare Medicaid Managed Care Plans

Medicaid Managed Care Plan Report Card

Compare MyCare Ohio Plans

Find a Provider

If you would like to look for providers participating with the managed care plans, search our provider directory.

Find a Managed Care Provider



I Would Like to Change My Plan

Change Managed Care Plans Online

Log in to the member portal to change your plan. We will walk you through the process of changing your health plan.

Change Plans Online

Other Ways to Change your Health Plan

If you are unable to change health plans online at this time, there are several other options available to you.

Other Ways to Make a Change

Value Added Benefits

• MCOs add value for their members by providing services not normally offered in the traditional fee-for-service Medicaid program:





- Toll-free 24/7 nurse hotline
- Toll-free member services hotline
- Extended Office Hours (varies among plans)
- Grievance Resolution System





- · Online, searchable provider directory
- Member Handbook
- Health Education Materials





- Preventative Care Reminders
- Care Management to coordinate care





- Expanded Benefits:
 - » Additional transportation
 - » Smoking Cessation
 - » Over the Counter Cards
- Participation Incentives

Benefits of Managed Care

- Access to care and expanded provider network
- Additional transportation
- Care management and coordination
- Improved health outcomes by paying for quality
- → 24/7 Toll-free Nurse Helpline
- Grievance Resolution

MCO Appeals and Grievances

Key Terms:

- Adverse benefit determination
- Appeal
- Grievance
- Notice of action (NOA)

• Ohio Administrative Code 5160-26-08.4

MCO Appeal Process

Brief Overview:

- When an MCP adverse benefit determination has occurred or will occur, the MCP shall provide the affected member with a NOA
- NOA will contain:
 - » The member's right to file an appeal to the MCP;
 - » Information related to exhausting the MCP appeal;
 - » The member's right to request a state hearing through the state's hearing system upon exhausting the MCP appeal;
 - » Procedures for exercising the member's rights to appeal the adverse benefit determination;
 - » Circumstances under which expedited resolution is available and how to request it;

MCO Appeal Process Resolution

Brief Overview:

- A member, a member's authorized representative, or a provider may file an appeal orally or in writing within sixty calendar days from the date that the NOA was issued.
- Any provider acting on the member's behalf shall have the member's written consent to file an appeal.
- Resolution time frame shall not exceed fifteen calendar days from the receipt of the appeal unless the resolution time frame is extended.
- MCP shall provide written notice of the appeal's resolution to the member, and to the member's authorized representative if applicable.
- Resolutions not resolved wholly in the member's favor written notice will include how to request a state hearing.

MCO Grievance Process

Process:

• A member may file a grievance with an MCP orally or in writing at any time. An authorized representative must have the member's written consent to file a grievance on the member's behalf. See OAC 5160-26-08.4

• Time frames:

- » Within two business days of receipt if the grievance is regarding access to services.
- » Within thirty calendar days of receipt for non claims-related grievances except as specified in paragraph (C)(3)(a) of this rule.
- » Within sixty calendar days of receipt for claims-related grievances.
- MCP resolution can be oral or written notification

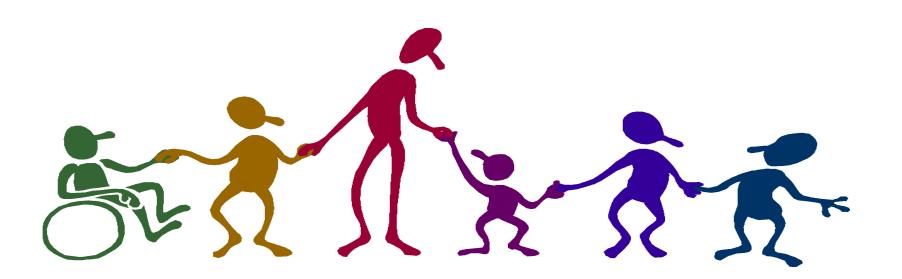
Contact Information for Ohio Department of Medicaid

- Contact Us Form on the ODM website
 https://medicaid.ohio.gov/wps/portal/gov/medicaid/home/contact-us
- Ohio Medicaid members can call our Consumer Hotline at 1-800-324-8680
- Ohio Providers can contact the Provider Hotline at 1-800-686-1516

Ohio Home Care Waiver

Ohio Home Care Waiver (OHCW)

The Purpose of the Ohio Home Care Waiver is to offer home and community-based services (HCBS) to individuals with serious disabilities and/or unstable medical conditions, who would otherwise be eligible for Medicaid in a hospital or nursing facility.



Ohio Home Care Waiver Services

Community Integration Service **Community Transition Service** Personal Emergency Response System Home Care Attendant Home Delivered Meals Home Maintenance and Chore Home Modification Services Out-of-Home Respite Personal Care Aide Supplemental Adaptive and Assistive Devices Supplemental Transportation Services Waiver Nursing

OHCW Program Eligibility

- 1. Be between the ages of Birth through 59
- 2. Determined eligible for Medicaid
- 3. Participate in an assessment to determine whether needs can be met through the program
- 4. Meet the Intermediate (nursing facility) or Skilled (hospital) level of care
- 5. In absence of the waiver program, would require a hospital or nursing facility to meet needs





OHCW Program Eligibility Continued...

- 6. Require and agree to receive at least one waiver service monthly that is otherwise unavailable through another source in an amount sufficient to meet the individual's assessed need
- 7. Live in a home and community-based setting
- 8. Sign an agreement confirming they've been educated on service alternatives, choice of qualified provider, and options for institutional and community-based care, and elects the Ohio Home Care Waiver
- 9. Have needs that can safely be met through the waiver in a home or community setting

How to Apply:

- Ohio Benefits Long-Term Services and Supports:
 - » A central resource for information about long-term services and supports offered across Ohio to ensure that all individuals are connected to programs and services available in their communities.
- To learn more about Ohio Benefits Long-Term Services and Supports,
 - » Visit https://www.ohiohelps.org/
 - » Call (844) 644-6582



Next Generation of Managed Care January 2022

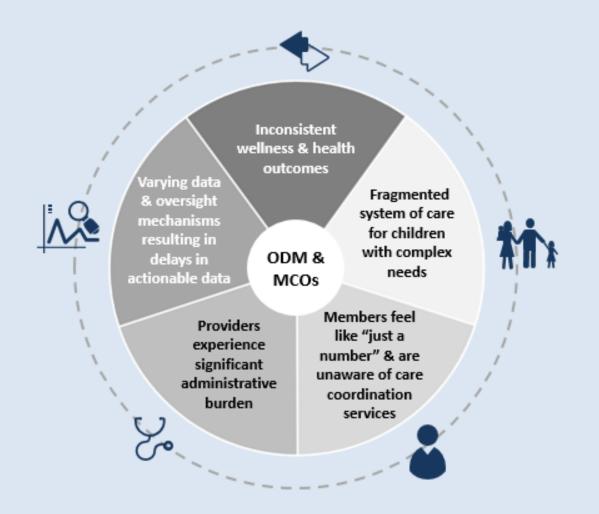


Ohio Department of Ohio's Medicaid Managed Care Program



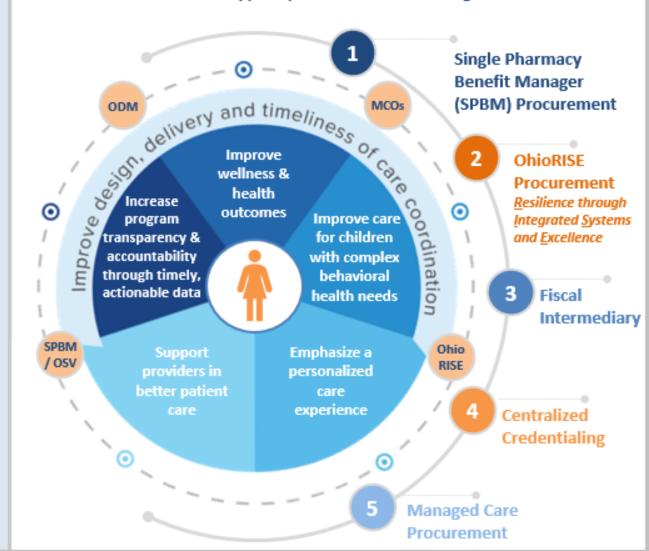
Today's Ohio Medicaid Managed Care Program

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.



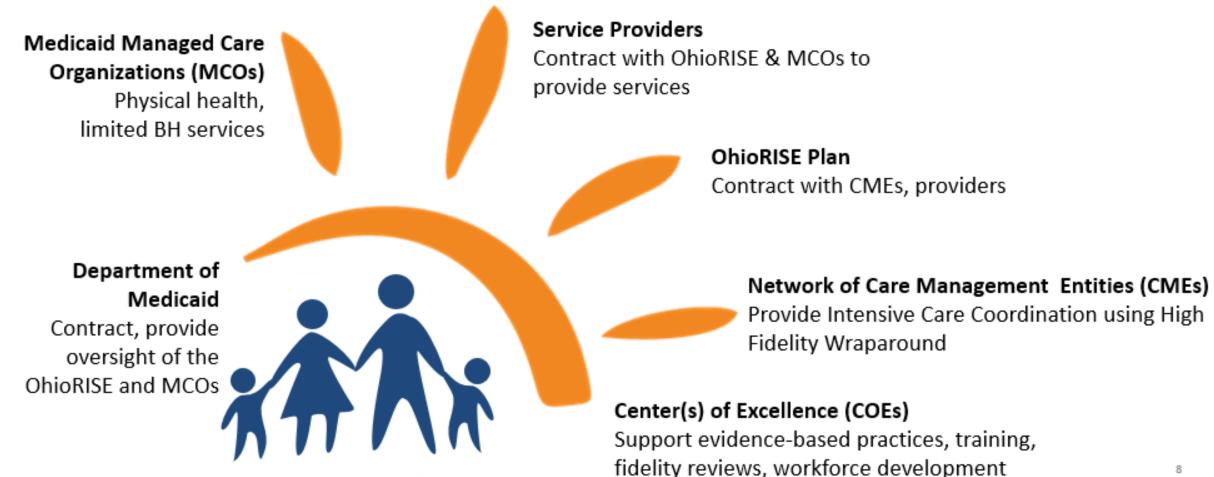




OhioRISE Ecosystem

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



Multi-System Youth Technical Assistance and Funding Application

Multi-System Youth Funding and Application Process Ohio Family and Children First (OFCF)

- OFCF is a partnership of state and local government, communities and families that enhances the well-being of Ohio's children and families by building community capacity, coordinating systems and services, and engaging families. OFCF's vision is for every child and family to thrive and succeed within healthy communities.
- https://www.fcf.ohio.gov/MSY-TA-Funding-Requests
- AA Peer-to-Peer *FCFC* Training Wednesday, August 11, 2021 from 9:30 a.m. to 10:30 a.m.

Contacts for MCOs and Waiver

Waiver Administration

ODM is responsible for the administration of the Home Care waiver and contracts with two statewide Case Management Agencies (CMAs) for assessment and case management services.





Both operate regionally and work with individuals at the local level to ensure access to services.

Waiver Case Management Agencies - Regions



CareSource (855)717-5676

CareStar (800) 616-3718

Columbus

CareSource
(844) 832-0159

CareStar
(800) 616-3718

Cleveland

CareSource
(877) 209-3154

Carestar
(800) 616-3718

Marietta

CareSource
(855) 288-0003

CareStar
(800) 616-3718

How to Contact the Managed Care Organizations

• Each plan has a website and customer service number (see information below) – current as of June 2021

Aetna Better Health of Ohio (MyCare Only)	Buckeye Health Plan	CareSource
1-855-364-0974 https://www.aetnabetterhealth.com/ohi o/	1-866-246-4358 https://www.buckeyehealthplan.com/	1-800-488-0134 https://www.caresource.com/
Molina Healthcare of Ohio	Paramount Advantage (Managed Care Only)	UnitedHealthcare Community Plan of Ohio
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Questions or Comments?

Additional Medicaid specific policy and services comments or concerns can be sent to CiCTATeam@medicaid.ohio.gov

Any questions about Medicaid in SACWIS and OFC specific policy

JFS Medicaid TA@jfs.ohio.gov

Thanks!



Department of Job and Family Services

Mike DeWine, Governor
Jon Husted, Lt. Governor
Matt Damschroder, Interim Director

Office of Families and Children

Wrap Up Next Session:

Date: 7/20/21

Session Title: AA Peer-to-Peer OACB of DD Training Event

<u>Time:</u> 10:00 am – 11:00 am

Contact Information:

Title IV-E Policy Developers:

Lisa Howard

<u>Lisa.howard@jfs.ohio.gov</u>

Rhonda Annamunthodo

Rhonda.annamunthodo@jfs.ohio.gov