Planning for the Future: BH Redesign & Medicaid Funded Assertive Community Treatment

October 19, 2016

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Douglas Day, Ohio Department of Mental Health and Addiction Services
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:

**Elevation**
Financing of Medicaid behavioral health services moved from county administrators to the state.

**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.
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.
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 aligned 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)
New Mental Health Benefit

July 1, 2017
Supporting the Treatment of Mental Illness

Efforts

- Expanding MH Benefit package
- Adding family psychotherapy both with and without the patient
- Adding evidence based practices:
  - Assertive Community Treatment - adults with SPMI
  - Intensive Home Based Treatment - youth at risk of out of home placement
- Expanding community based rehabilitation: Therapeutic Behavioral Services & Psychosocial Rehab
- Maintaining prior authorization exemption of second generation antipsychotic medications
- Expanding eligibility for children’s respite care
# Mental Health Benefit

<table>
<thead>
<tr>
<th>Assertive Community Treatment (ACT)</th>
<th>CPST</th>
<th>Day Treatment*</th>
<th>Intensive Home Based Treatment (IHBT)</th>
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<tr>
<td>Comprehensive team based care for adults with SPMI</td>
<td>care coordination</td>
<td>Teaching skills to prevent or step down from inpatient care</td>
<td>Helping SED youth remain in their own homes</td>
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<tr>
<td>Office Administered Long Acting Psychotropic Medications</td>
<td>Psychiatric Diagnostic Interview (PDI)</td>
<td>Psychotherapy CPT Codes</td>
<td>Psychosocial Rehabilitation (PSR)</td>
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<td></td>
<td>Assessing treatment needs with or without medical evaluation</td>
<td>Psychotherapy for individuals, groups and families</td>
<td>Provided by clinicians with less than bachelors degree who are unlicensed</td>
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</table>

## Therapeutic Behavioral Services (TBS) ^

Provided by clinicians with bachelors or masters who are unlicensed

*still under development

^ grandfather group of experience but no degree for transition
Substance Use Disorder (SUD) Benefit

July 1, 2017
ASAM Levels of Care

The green arrow represents the scope of Ohio’s Medicaid BH Redesign.
# Substance Use Disorder Benefit

## Outpatient
Adolescents: Less than 6 hrs/wk.  
Adults: Less than 9 hrs/wk.
- Assessment
- Psychiatric Diagnostic Interview
- Counseling and Therapy
  - Psychotherapy – Individual, Group, Family, and Crisis
  - Group and Individual (Non-Licensed)
- Medical
- Medications
- Buprenorphine and Methadone Administration/Dispensing
- Urine Drug Screening
- Peer Recovery Support
- Case Management
- Withdrawal Management Level 2 (Detoxification)

## Intensive Outpatient
Adolescents: 6 to 19.9 hrs/wk.  
Adults: 9 to 19.9 hrs/wk
- Assessment
- Psychiatric Diagnostic Interview
- Counseling and Therapy
  - Psychotherapy – Individual, Group, Family, and Crisis
  - Group and Individual (Non-Licensed)
- Medical
- Medications
- Buprenorphine and Methadone Administration/Dispensing
- Urine Drug Screening
- Peer Recovery Support
- Case Management
- Additional coding for longer duration group counseling/psychotherapy
- Withdrawal Management Level 2 (Detoxification)

## Partial Hospitalization
Adolescents: 20 or more hrs/wk.  
Adults: 20 or more hrs/wk
- Assessment
- Psychiatric Diagnostic Interview
- Counseling and Therapy
  - Psychotherapy – Individual, Group, Family, and Crisis
  - Group and Individual (Non-Licensed)
- Medical
- Medications
- Buprenorphine and Methadone Administration/Dispensing
- Urine Drug Screening
- Peer Recovery Support
- Case Management
- Additional coding for longer duration group counseling/psychotherapy
- Withdrawal Management Level 2 (Detoxification)

## Residential
- Per Diems ranging from clinically managed to medically monitored
- Medications
- Buprenorphine and Methadone Administration/Dispensing
- Urine Drug Screening
Medicaid Funded
Assertive Community Treatment (ACT)
Behavioral Health Timeline: Focus on ACT

- Go Live for Specialized Recovery Services Program
- 1/1/2017: OTP coverage updates implemented
- 1/1/2017: Agencies with ACT teams can begin requesting CWRU Fidelity Reviews
- 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.
- 1/1/2017: Agencies with ACT teams can begin requesting CWRU Fidelity Reviews
- 4/1/2017: Recommended date by which all active practitioners should be enrolled and affiliated
- 7/1/2017: Transition to new BH codes & Rates including ACT

- Beginning Jan 1, 2017, agencies employing ACT team(s) may begin requesting CWRU to perform Fidelity Review (DACTS Scale) for Medicaid enrollment.
- Once an agency ACT team has met minimum fidelity, they may be enrolled in Ohio Medicaid and begin submitting prior authorization requests for consumers in their ACT caseload.
- Medicaid billable ACT services begin July 1, 2017
## 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**
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)
ACT Policy Update

1. ACT team fidelity measurement will be based on DACTS until carve in to managed care.
   - Team Fidelity must be measured by CWRU Center for Evidence Based Practice under contract with ODM.
   - TM ACT fidelity measurement encouraged post carve in.

2. ACT payment rates set at the Medium caseload size regardless of the actual caseload size. Caseloads may not exceed 100.

3. ACT enrollment and caseload:
   - All ACT enrollees must be prior authorized by ODM entity regardless of previous ACT enrollment
   - Caseload may include both Medicaid and non-Medicaid enrollees; Teams must assure that total caseload size doesn’t exceed FTE capacity noted at time of Fidelity rating
   - Agencies may have more than one ACT Team

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

For additional reference on TM ACT:
Tool for Measurement of Assertive Community Treatment (TM ACT) Summary Scale Version 1.0
ACT Policy Update Cont’d

4. Requirements for ACT Team Leaders:
   • Must be dedicated to one team.
   • Must be licensed (preferably licensed independent with a supervisory endorsement)
   • Be enrolled in MITS as an active Medicaid provider.

5. No Medicaid payment for supported employment /vocational rehabilitation services unless the person is enrolled in SRS program.

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

For additional reference on TMACT:
Tool for Measurement of Assertive Community Treatment (TMACT) Summary Scale Version 1.0
Role and Responsibilities of the ACT Team Leader

- Operate as the point of contact for ODM and their PA vendor

- Will be the “clinician of record” that links an ACT enrollee with an ACT team

- Be listed as the “Rendering” or “Supervising” practitioner on claims as appropriate

ODM requires that a team leader:

- Lead only one ACT team and
- Be licensed (preferably licensed independent with a supervisory endorsement)
ACT Medium Team Monthly Billing Example

**DACTS (w/ 2 BAs):**
- Code - H0040
- MD/DO: $615.64
- Master’s/RN/LPN: $251.91
- Bachelor’s: $199.70
- Total: $1,266.95

**DACTS (w/ 1 BA, 1 PRS):**
- Code - H0040
- MD/DO: $615.64
- Master’s/RN/LPN: $251.91
- Bachelor’s: $199.70
- Peer Recovery Supporter: $159.24
- Total: $1,226.49

**DACTS (w/ 2 PRSs):**
- Code - H0040
- MD/DO: $615.64
- Master’s/RN/LPN: $251.91
- Bachelor’s: $199.70
- Peer Recovery Supporter: $159.24
- Peer Recovery Supporter: $159.24
- Total: $1,186.03

**ACT is a fully prior authorized service**
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.

- 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
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**ACT Services/Billing Events: November 2016**

- **Billable Event**
- **Service Event**
ACT Policy Summary

1. ACT Fidelity Review
2. ACT Prior Authorization and Eligibility
3. ACT is a “Lock In” BH Benefit
4. ACT Billable Events
5. ACT Services to Hospitalized Enrollees
1) The Ohio Department of Medicaid will contract with Case Western Reserve University to perform fidelity reviews for Medicaid payment
   • To qualify for Medicaid payment, ACT Teams must achieve a minimum average score of 3 on the DACTS fidelity scale. Once an ACT Team has met minimum fidelity, they will be authorized to begin using the ACT billing model (*see slide 18*).
   • Teams who fail to achieve a minimum fidelity score of 3 are not penalized
     • These teams may seek technical assistance from Case Western under the OhioMHAS funded component of CWRU CEBP*
   • Periodicity of ACT team fidelity review is still under discussion
     • Likely 12 – 18 months
     • ODM reserves the right to have additional fidelity reviews conducted as may be necessary

*see next slide for further detail*
Technical Assistance Guidance

- Technical assistance for provider agencies interested in ACT (but not yet ready for fidelity review) will still be available from CWRU under OhioMHAS funding.
2) Medicaid recipients may only be enrolled with ACT teams after they have been prior authorized by the ODM designated PA entity. ACT teams must submit clinical documentation of each potential Medicaid enrollee’s eligibility for ACT.

Draft ACT Eligibility Criteria:

- Age 18 or over
- SPMI Diagnosis
- Functional limitation(s) measured by the Adult Needs and Strengths Assessment (ANSA)
  - Teams will need competency to administer ANSA
- One of the following risk factors:
  - At risk of psych inpatient psych hospitalization
  - One or more previous inpatient psych admissions
3) When a person is enrolled on an ACT team, no other Medicaid BH services will be paid except recovery management through the SRS program or SUD services that are prior authorized

- BH medications will be covered outside of ACT; this includes physician administered medications and methadone/buprenorphine administration by OTPs

ACT enrollees may receive other non-BH Medicaid services like:

- Hospital services including inpatient and emergency room visits
- Physician services (e.g. OBGYN, cardiac, and other specialties)
- Prescription and over the counter (OTC) medications
4) All ACT billable events must be rendered “face to face”
   • ACT services rendered via telephone or video conference are allowable, but they do not qualify as a billing event
   • See slides 18 – 20 for more detail on billable ACT events
5) ACT teams are expected to maintain contact with their enrollees if they are hospitalized
   • ACT teams should assist with admission and discharge planning
     • However, these are not billable events
   • Depending on length of stay, the ACT team may want to consider the clinical appropriateness of maintaining the individual on the case load until they are discharged
Disenrollment from ACT

**Planned Disenrollment**

- ACT teams must develop a transition plan in partnership with the consumer for disenrollment
- ODM may ask for the transition plan to be reviewed and approved by prior authorization entity

**Unplanned Disenrollment**

- ACT enrollees may lose touch with the team for some period of time
- It is recommended ACT teams disenroll the consumer after a month of no communication
- This will allow the consumer to receive BH services outside the ACT team
- The ACT team may pursue expedited re-enrollment once the consumer is found
Prescriber must be enrolled in Ohio Medicaid as either ORP or Rendering.

Team leader, assuming they are independently licensed, must be enrolled in Ohio Medicaid.

Team should have a member competent in conducting the ANSA.

Agency must have an IT system that supports medical documentation plus clinical and billing nuances.

Team must prepare to submit PA requests for potential ACT enrollees, including documentation of their eligibility for ACT.
• ODM assumes that Assertive Community Treatment is not a service covered by Medicare or commercial insurers.

• Therefore, H0040 “billable events” may be submitted directly to Medicaid without first submitting to Medicare or commercial plans to obtain a denial code.
Please understand that this is not a ‘final’ BH manual and is in DRAFT format. Updates will be made over the next 1-2 months. Version controls to be included.

The July 2017 manual will have specific guidance concerning ACT
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?