



Governor's Office of
Health Transformation

Behavioral Health Redesign Core Team

September 16, 2015

Behavioral Health Redesign Timeline

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
- » **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

Ohio's Priorities for Behavioral Health (BH) Redesign

1915(i) PROGRAM FOR ADULTS WITH SPMI

- **Ensure 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
- **Cover new services** such as ***Recovery Management, IPS Supported Employment, Peer Recovery Support

REBUILDING COMMUNITY BH SYSTEM CAPACITY

- **Recode Medicaid BH services to achieve alignment with national coding standards** (AMA, HCPCS, Medicare, NCCI/MUE)
- **Disaggregate certain existing services** (Community Psychiatric Supportive Treatment, Case Management and Health Home services) and **provide for lower acuity service coordination** and support services
- **Develop new services for people with high intensity needs under the Medicaid Rehabilitation Option:** Assertive Community Treatment, Intensive Home Based Treatment, residential treatment for substance abuse
- Achieve cost neutrality in making these changes

MANAGED BEHAVIORAL HEALTH CARE

- **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

PAYMENT INNOVATION

- **Design and implement new health care delivery payment systems to reward the value of services, not volume**
- Develop approach for introducing episode based payment for BH services

*300% of SSI, includes \$20 personal needs disregard (\$2,219 in CY 2015); Clinical includes diagnostic (diagnostic (schizophrenia, bipolar or major depressive affective disorders-severe) and score on Adult Needs and Strengths Assessment) tool

**Assertive Community Treatment, Intensive Home Based Treatment, residential treatment for substance abuse

*** RM&BPHC is now called Recovery Management and the SPA has been updated to reflect this change

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