

Ohio Medicaid Health Homes

Sandy Myers

Coleman Professional Services



Behavioral Health in Ohio

- Ohio Department of Mental Health & Addiction Services receives funds from the Ohio General Assembly and distributes funds to the local mental health systems.
- 55 mental health and addiction boards in Ohio serve the 88 counties.
- Medicaid was elevated to the state in 2012
- Coleman Professional Services provides services to seven counties in Ohio and contracts with 5 Mental Health Boards.

Medicaid Ceiling/Fee for Services

	MH	AOD
Psychiatry	\$210.87 (hr)	\$176.28 (hr)
Diagnostic Assessment	\$129.99 (hr)	\$96.24 (hr)
Individual Counseling	\$22.50 (15 min)	\$21.82 (15 min)
Group Counseling	\$9.87 (15 min)	\$9.52 (15min)
CPST/CM	\$21.32 (15 min)	\$78.17 (hr)
Group CPST/CM	\$9.81 (15 min)	
Crisis Intervention	\$154.35 (hr)	\$129.59 (hr)

Annual Cost Containment/Benefit Limits

	MH	AOD
Psychiatry	24 hrs.	Combined total of 30 hrs. per week for , Case Management, Group Counseling, Individual Counseling & Psychiatry.
Diagnostic Assessment	2 hrs.	
Counseling	52 hrs.	
CPST/CM	104 hrs.	

Phase I

Health Home Team Members

1. **Team Leader-** independently licensed with supervisory, clinical, and administrative leadership experience. Competence in practice management, data management, and quality improvement.

Responsibilities:

- a) Provide administrative and clinical leadership and oversight to the health home team.
- b) Monitor and facilitate consumer identification and engagement, completion of the comprehensive health risks assessment, development of integrated care plans, scheduling and facilitation of treatment team meetings, consumer status and response to health conditions.

Ratio of Team: Leader to consumer; 1:200 to 1:500 depending on population profile

Phase I

Home Health Team Members

2. **Primary Care Clinician-** PCP, internist, family practice physician, pediatrician, gynecologist, obstetrician, certified nurse practitioner with primary care scope of practice clinical nurse specialist with primary care scope of practice, or physician assistant.

Responsibilities:

- a) Provide education and consultation to the health home team and other team members on best practices and treatment guidelines in screen and management of physical health conditions.
- b) Meet individually as needed with care managers to review complex cases.
- c) May also function as the treating primary care clinical for some individuals.

Ratio of PCC to consumer: 1:000 to 1:1500

Phase I

Home Health Team Members

3. **Care Manager-** Licensed social worker, independent social worker, professional counselor, professional clinical counselor, marriage and family therapist, registered nurse, certified nurse practitioner, clinical nurse specialist.

Responsibilities:

- a) Accountable for overall care management and care coordination, and both provide and coordinate all of the health home services for individuals.
- b) Responsible for overall management and coordination of the consumer's integrated care plan, including physical health, behavioral health, and social service needs goals.
- c) Conducts comprehensive assessments and develops integrated care plans.

Ratio of Care Manager to consumer: 1:40 to 1:60

Phase I

Home Health Team Members

4. **Qualified home health specialists-** Pharmacist, licensed practical nurse, qualified mental health specialist with a four-year degree, two-year associate degree or commensurate experience; wellness coach, peer support specialist, or other qualified individual (e.g. community health worker with associate degree).

Responsibilities:

- a) Assist with care coordination, referral/linkage, follow-up and consumer health promotion services.

Ratio of Qualified Health Home Specialists to consumer: 1:30 to 1:60

Clinical Performance Measures for Medicaid Health Homes

- Asthma
 - ✓ Use of appropriate medications for people with asthma
- Cardiovascular Care
 - ✓ Cholesterol management for patients with cardiovascular conditions
 - ✓ Controlling high blood pressure
- Diabetes Care
 - ✓ HbA1c level below 7.0 percent
 - ✓ Cholesterol management

Clinical Performance Measures for Medicaid Health Homes (cont.)

- Mental Illness outcomes
 - ✓ Screening for clinical depression
 - ✓ Follow-up after hospitalization for mental illness
- Substance Abuse
 - ✓ Initiation and engagement of AOD treatment
 - ✓ Smoking & tobacco use cessation

Phase I Eligibility

SPMI:

- DSM-IV TR Diagnoses
- GAF score of 50 or below
- Treatment history of 12 months continuous treatment of the mental disorder is expected to be present for at least 12 months

Phase I Eligibility

SMI:

- DSM-IV TR Diagnoses
- GAF score of 40 to 60
- Treatment history of 6 months continuous treatment of the mental disorder is expected to be present for at least 6 months

Phase I Eligibility

SED:

- Must be 17 years of age or younger
- DSM-IV TR diagnoses
- GAF score below 60
- Duration of the disorder has persisted or is expected for 6 months or more

Phase I

Medicaid Rate Setting, Reimbursement and Provider Enrollment Information

- The reimbursement methodology is a monthly case rate. The Health Home must submit a monthly claim in order to receive the case rate
- The monthly case rate includes the personnel, non-personnel and administrative overhead costs associated with the Health Home service
- Average reimbursement was reported to be \$350 per member, per month
- CPST could not be billed after the 1st month of Health Home enrollment.

Revised Eligibility & Rate Determination- July 2013

Tier 1 Adult (age 18 and over) Criteria

Monthly case rate of \$215 per person

UNCOORDINATED CARE OR MODERATE CPST USE	AND	SERIOUS MH DIAGNOSIS OR MH SERVICES USE
1. Total admits greater than or equal to 1 with \$8,426 in total cost		1. Serious MH diagnosis: Schizophrenia, Schizoaffective Disorder, Bipolar I, Other Psychotic Disorders, Major Depressive Disorder, recurrent, severe with and without psychotic features
OR		OR
2. ED visits greater than or equal to 4 (mean 3) with \$8,426 in total cost		2. ODMH service utilization greater than or equal to 9 (median)
OR		OR
3. CPST visits greater than or equal to 10 (median)		3. High MH pharmacy use: A. Received 13 or more prescriptions during time period from the following combined drug classes: 1. Psychotherapy, Tranq/Antipsychotic; 2. Antimanic Agents; 3. Anticonvulsant Benzodiazepine 4. Anticonvulsant, Miscellaneous OR B. Received J code injectables during time period

Tier 2 Adult (age 18 and over) Criteria

Monthly case rate of \$315 per person

HIGH COST & HIGH RISK:

SUPER HIGH COST	OR	HIGH COST	AND	HIGH RISK	AND	SERIOUS MH DIAGNOSIS OR MH SERVICES USE
Over \$19,300 total cost (90 th percentile)		All consumers must have at least \$8,426 in total cost (average)		An IP admit		1. Serious MH diagnosis: Schizophrenia, Schizoaffective Disorder, Bipolar I, Other Psychotic Disorders, Major Depressive Disorder, recurrent, severe with and without psychotic features
						OR
						2. CPST use
						OR
						3. High MH pharmacy use: A. Received 13 or more prescriptions during time period from the following combined drug classes: 1. Psychotherapy, Tranq/Antipsychotic; 2. Antimanic Agents; 3. Anticonvulsant, Benzodiazepine, 4. Anticonvulsant, Misc. OR B. Received MH J code injectibles during time period

SPMI Aggregate by County

SPMI De-Identified Aggregate Data by County, Tier, Gender

County	Tier	Gender	CPST Visit	NON CPST	Heart Def	Heart Fail.	CAD	COPD	Neurolog.	Diabetes	Infectious
		Female Total	765	217	2	2	7	22	14	17	0
		Male Total	673	124	2	1	6	12	4	6	0
	TIER 1 Total		1438	341	4	3	13	34	18	23	0
		Female Total	369	153	15	6	23	54	35	45	3
		Male Total	187	90	12	6	16	18	18	15	4
	TIER 2 Total		556	243	27	12	39	72	53	60	7
Adams Total			1994	584	31	15	52	106	71	83	7
		Female Total	721	743	7	1	16	26	39	24	4
		Male Total	1061	843	1	2	4	11	12	11	1
	TIER 1 Total		1782	1586	8	3	20	37	51	35	5
		Female Total	863	1101	35	11	70	119	122	115	10
		Male Total	1282	1383	26	9	35	50	50	42	8
	TIER 2 Total		2145	2484	61	20	105	169	172	157	18
Allen Total			3927	4070	69	23	125	206	223	192	23
		Female Total	900	367	1	0	0	2	9	11	1
		Male Total	574	181	0	0	1	2	1	0	0

Projections Of Eligibility in FY13

Projections in FY13				
AAH	Portage	Stark	Summit	Trumbull
1803	2671	1079	969	344
Projections in July 2013				
287	404	652	188	85

Projections: October 2013

Eligible consumers per the revised Health Home criteria is projected at 61% of clients with MHAS use.

Eligibility being considered – October 2013

- Four behavioral health services utilized in the past year
- Meet the mental health diagnosis codes
- Payment methodology being considered- October 2013
- Risk adjusted rate