OhioRISE Education for Primary Care Providers

1 Dr. Mona Mansour
Cincinnati Children's HealthVine
Welcome

2 Matt Price, Aetna
Kelly Smith, ODM
Dawn Puster, ODM
OhioRISE Overview

3 Paul Howe
CareStar
Catchment E

4 Jodi Harding
Lighthouse Youth Services
Catchment F

5 Nicole Geier-Lindsey
Cincinnati Children's HealthVine
Catchment G

6 Dr. Chris Peltier
Ohio AAP
Pediatric Associates of Mt. Carmel
Questions

OhioRISE (Resilience through Integrated Systems and Excellence) Education for Pediatricians

Aug. 17, 2022

6:45 am – 8:00 am

Matt Price, CME Relationship Coordinator
PriceM1@aetna.com
Dawn Puster, OhioRISE Deputy Director
Dawn.Puster@medicaid.ohio.gov
Kelly Smith, External Affairs Administrator for OhioRISE
Kelly.Smith@medicaid.ohio.gov

Agenda

What we will cover during today's session

1. OhioRISE program overview

2. OhioRISE eligibility

3. Become a CANS assessor

4. OhioRISE Services

5. Supporting OhioRISE

6. OhioRISE launch updates

7. Questions

8. Appendix with resources, contacts, and Ohio administrative code rules
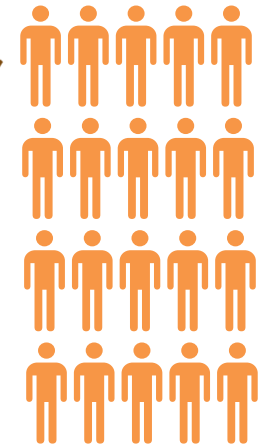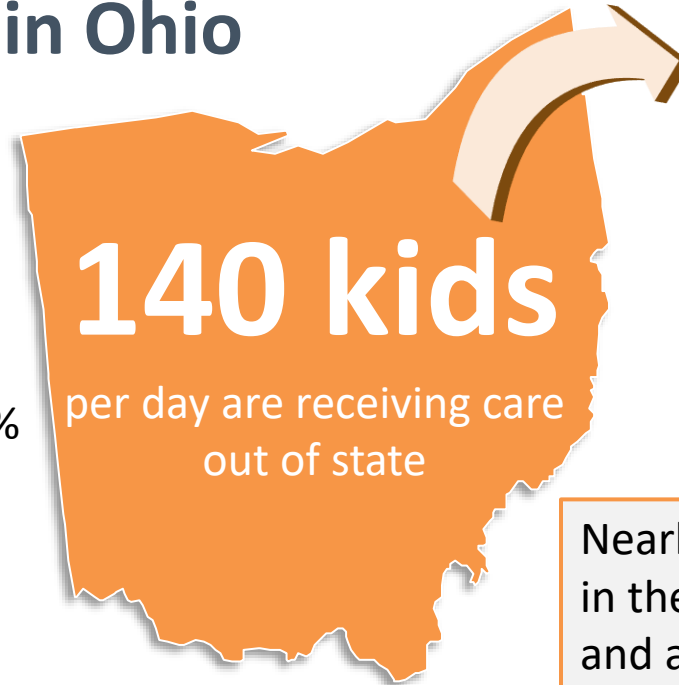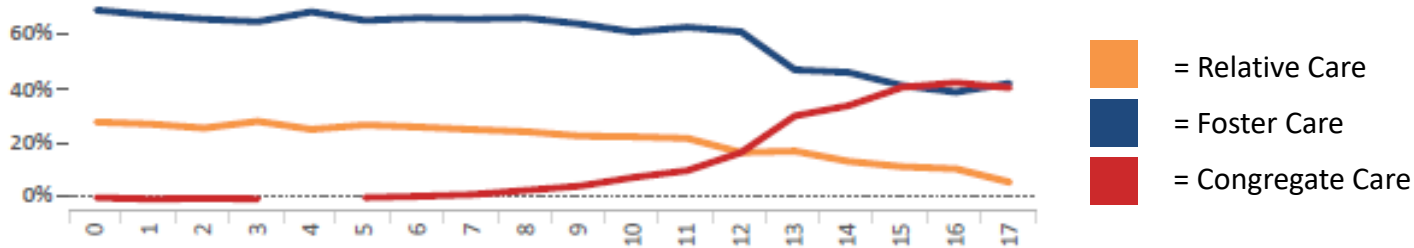
Audience for Today: Pediatricians

# Current Systems Serving Multisystem Youth in Ohio

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

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

140 kids per day are receiving care out of state

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

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

= Relative Care
= Foster Care
= Congregate Care
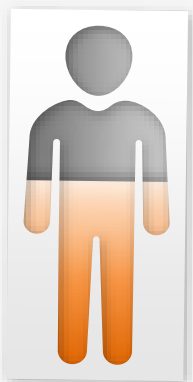
58% of children on a **Developmental Disabilities (DD) waiver** are taking behavioral health pharmaceuticals
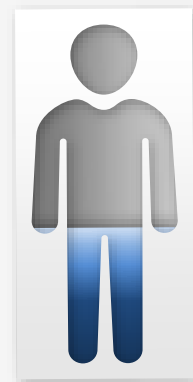
38% of youth in Medicaid have **families** with a history of Opioid Use Disorders (OUD), Substance Use Disorders (SUD), and/or Serious Emotional Disturbances (SED) primary diagnosis

What Does the Evidence Tell Ohio?

Kids with the most complex multisystem needs **require a very different type of care coordination.**

Studies show that **intensive community-based care coordination** that is driven by kids and their families can have a significant impact on inpatient and emergency department (ED) use, moves between homes, family engagement and satisfaction, and life outcomes.

Kids with the most complex multi-system needs require a **different service array** to stabilize them within their families.

Mobile crisis response, intensive home-based treatments, and out of home care **ONLY when clinically appropriate.**

Summary of OhioRISE Objectives

Improve design, delivery, and timeliness of care coordination and supports kids need to thrive

Prevent custody relinquishment and better serve multi-system youth

Add more intensive in-home and community-based services and supports

Family and youth are at the center, with voice and choice prioritized

Stakeholder engagement, transparency, and accountability

Shared governance model

High Fidelity Wraparound

In Wraparound, a dedicated Care Coordinator coordinates the work of system partners and other natural helpers so there is one coordinated plan.

Care Coordinator

Developmental Disabilities

Child Protection

Physical Health Care

Education

Behavioral Health Care

Juvenile Justice

Natural Supports
- Extended Family
- Neighbors
- Friends

Community Supports
- Neighborhood
- Civic
- Faith-based

Child and Family Care Plan
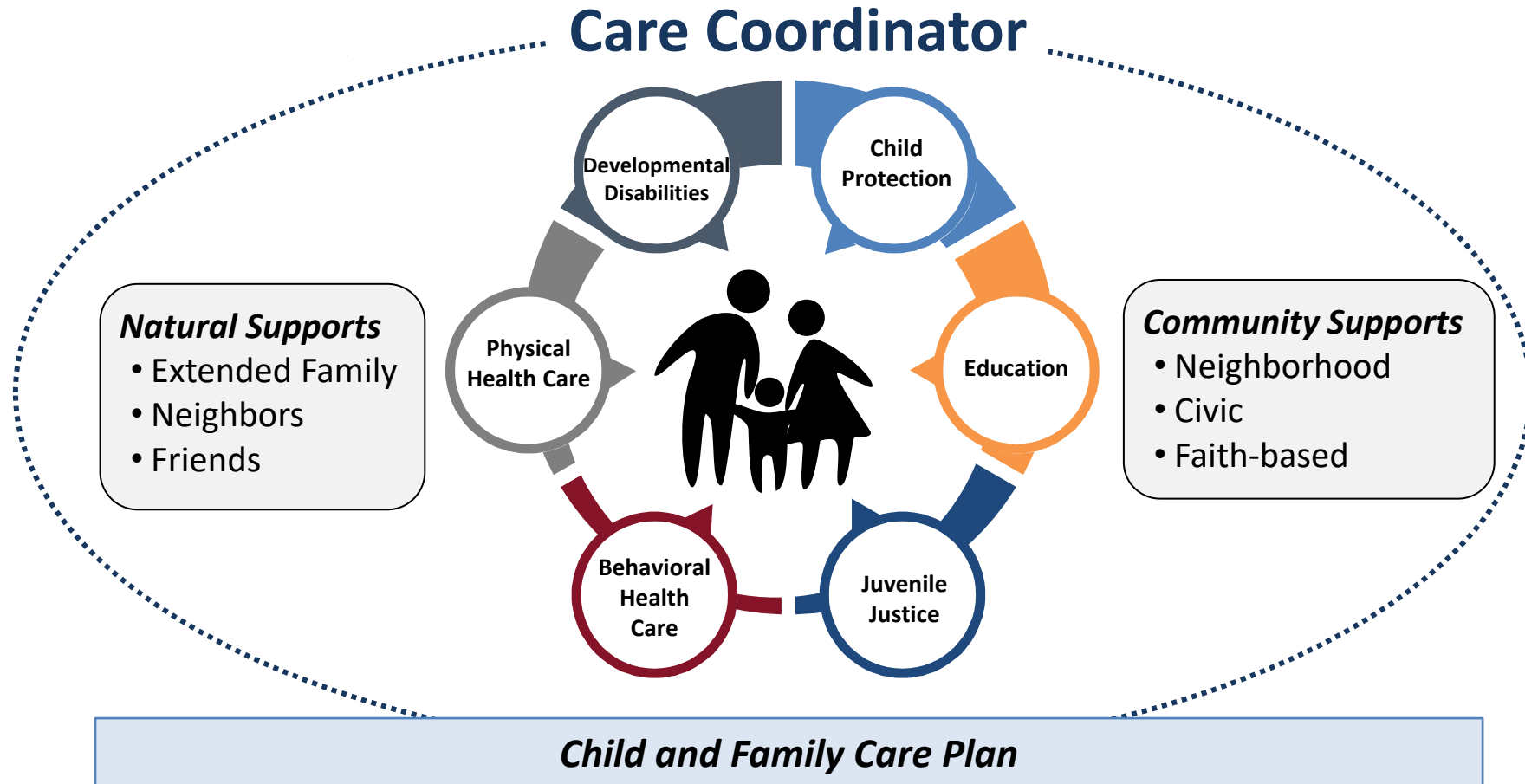
Care Coordination is Guided by High Fidelity Wraparound Principles

Tiers of Care Coordination

Tier 3: Intensive Care Coordination
Structured service planning and care coordination using high-fidelity wraparound for youth with the greatest behavioral health needs

Tier 2: Moderate Care Coordination
Structured service planning and care coordination using a wraparound informed model for youth with moderate behavioral health needs

Tier 1: Limited Care Coordination
Deliver care coordination to youth needing lower intensity care coordination or who may decline higher intensity care coordination

Tier 3: Intensive
Tier 2: Moderate
Tier 1: Limited

Delivered By

Care Management Entities (CMEs)

Staffing ratio 1:10

Care Management Entities (CMEs)

Staffing ratio 1:25

OhioRISE Plan

Staffing ratio 1:62

High Fidelity Wraparound

Family and youth perspectives are **prioritized**

Planning is based on family and youth's **choices and preferences** and is **strengths-based**

Utilizes **community and natural** supports

Process **respects** family and youth's **beliefs, cultures, and identity**

All tiers – CANS due every 90 days or if there is a change or significant life event.

Roles of Care Management Entities (CMEs)

- CMEs will be the OhioRISE plan's collaborative partner, **a "go-to" place** to help families/caregivers, providers, and other community partners **navigate a complex and often confusing multi-system environment.**

- In addition to individual work with youth and caregivers, **the CMEs will work with community partners** (service providers, public child serving agencies and other stakeholders) **to develop the local system of care.**

- **CMEs will be culturally and linguistically competent**, with agencies, programs, and care coordination services that reflect **the cultural, racial, ethnic, and linguistic differences of the populations they serve** to facilitate access to and utilization of appropriate services and supports and **to eliminate disparities in care**.

Care Management Entities (CMEs)

| Care coordination using high fidelity wraparound principles | Resource development at the community level |

....Leads to.....

Tier 3: intensive care coordination (ICC) that uses a high-fidelity wraparound model

Care plans that leverage community-based and in-home services whenever appropriate and possible, emphasizing natural supports

Tier 2: Moderate Care Coordination (MCC) that uses a wraparound-informed model

Which CMEs will serve Ohio's CME catchment areas?

CME Provider	Counties	Area
Unison Health	Defiance, Fulton, Henry, Lucas, Mercer, Paulding, Putnam, Van Wert, Williams	A
Harbor	Crawford, Erie, Hancock, Huron, Marion, Ottawa, Sandusky, Seneca, Union, Wood, Wyandot	B
National Youth Advocate Program*	Allen, Auglaize, Champaign, Clark, Darke, Hardin, Green, Logan, Madison, Miami, Shelby	C
Choices Coordinated Care Solutions	Montgomery, Preble	D
CareStar	Butler, Clinton, Warren	E
Lighthouse Youth and Family Services*	Hamilton (West)	F
Cincinnati Children's Healthvine	Adams, Brown, Clermont, Hamilton (East), Lawrence, Scioto	G
Integrated Services for Behavioral Health	Athens, Fayette, Gallia, Jackson, Highland, Hocking, Meigs, Pickaway, Pike, Ross, Vinton	H
Integrated Services for Behavioral Health	Coshocton, Fairfield, Guernsey, Morgan, Muskingum, Noble, Perry, Washington	I
Jefferson Co. Educational Service Center	Belmont, Carroll, Columbiana, Harrison, Jefferson, Monroe, Stark, Tuscarawas,	J
The Village Network*	Franklin (West)	K
The Buckeye Ranch	Franklin (East)	L
I Am Boundless, Inc.	Delaware, Knox, Licking, Morrow	M
Wingspan Care Group	Lorain, Medina	N
Coleman Health Services	Ashland, Holmes, Richland, Wayne	O
OhioGuidestone	Cuyahoga (West)	P
Positive Education Program	Cuyahoga (Central)	Q
Ravenwood Health	Ashtabula, Cuyahoga (East), Geauga, Lake	R
Coleman Health Services	Portage, Summit	S
Cadence Care Network*	Mahoning, Trumbull	T

*In Partnership with the Child and Family Health Collaborative

Eligibility

OhioRISE Eligibility

Children must meet all of the criteria below

Medicaid Eligible

- Fee for service or managed care
- May also have an existing 1915(c) waiver – Intellectual/Developmental Disability, Ohio Home Care, etc.

Age 0-20 at time of enrollment

Require Significant and Intensive Behavioral Health Treatment

- Meet Functional Needs Criteria as assessed by the Child and Adolescent Needs and Strengths (CANS); or
- An inpatient in a hospital for mental illness or Substance Use Disorder (SUD); or
- An inpatient in a Psychiatric Residential Treatment Facility (PRTF)

ODM anticipates OhioRISE will enroll 50,000 to 60,000 children and youth by the end of the first year

# Day One OhioRISE Enrollment*
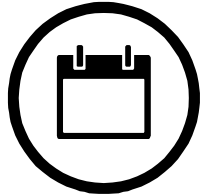
TWO MONTH LOOK BACK

- SUD residential treatment
- Placed in children's residential center or residential parenting facility while in Title IV-E agency custody
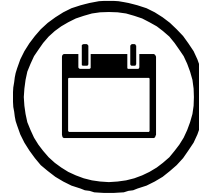
THREE MONTH LOOK BACK

- Intensive Home-Based Treatment (IHBT)
- CANS assessment
- Intermediate Care Facility / Intellectual Developmental Disability w/intensive behavioral support rate add-on
- Developmental Center <age 18
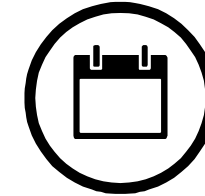
SIX MONTH LOOK BACK

- Inpatient hospital stay for a mental illness or substance use disorder as their primary diagnosis
- Out-of-state Psychiatric Residential Treatment Facility

*ODM will review claims data at several intervals after July 1 to ensure no child is missed for enrollment

Ongoing Referral Pathways

1	Scheduled Child and Adolescent Needs and Strengths (CANS) assessment	2	Brief CANS assessment during mobile response and stabilization service (MRSS) mobile response	3	Admission to an inpatient hospital (with primary mental health/substance use diagnosis) or a psychiatric residential treatment facility (PRTF)

PRTF is a new OhioRISE service anticipated to be available in Jan. 2023

Options for Initiating a Referral to OhioRISE / CANS Assessment

❖ Contact the youth's MCO directly.
- MCO must ensure an initial CANS assessment appointment for the purpose of determining OhioRISE eligibility is scheduled within 72 hours of referral to the MCO.
- The MCO must have a process in place to ensure the initial CANS assessment is completed within 10 business days after scheduling.

MCO	Phone Number	Website	
Anthem BCBS*	1-800-462-3589	https://www.anthem.com/oh/medicaid/welcome	*Administered by Paramount Advantage in West and Northeast Region until later in 2022
Buckeye	1-866-246-4358	www.buckeyehealthplan.com	
CareSource	1-800-488-0134	www.caresource.com	
Molina	1-855- 665-4623	www.molinahealthcare.com	
United	1-800-895-2017	www.uhccommunityplan.com	

Additional Ohio Medicaid Managed Care Organizations (available in last few months of 2022):

MCO	Phone Number	Website	
AmeriHealth Caritas	1-833-764-7700	www.amerihealthcaritasoh.com	*Administered by Anthem BCBS statewide
Anthem BCBS*	1-844-912-0938	https://www.anthem.com/oh/medicaid/welcome	
Humana	1-877-856-5702	www.humana.com/HealthyOhio	

❖ If the child/youth is in fee-for-service Medicaid, contact the Medicaid Consumer hotline at **800-324-8680 (TTY: 800-292-3572)** to identify nearby CANS assessors that can be contacted to schedule a CANS assessment.

❖ Contact OhioRISE Member Services at **833-711-0773 (TTY: 711)** from 7 a.m. to 8 p.m. Monday through Friday.
- Aetna Better Health of Ohio will work with the youth and if applicable, their MCO, to coordinate a referral for a CANS Assessment to determine eligibility for the OhioRISE program.

Become a CANS Assessor

What is a CANS Assessment?

The **Child and Adolescent Needs and Strengths (CANS)** is a functional assessment tool that**:**

- Assesses both child and family **needs and strengths**
- Provides **decision support** to identify appropriate approaches
- Used to make OhioRISE **program eligibility determinations**
- Used to support OhioRISE **care planning**

There are two type of CANS Assessments

Brief CANS

Comprehensive CANS

Used as an '**initial**' assessment…..

….. Used for '**ongoing**' assessments – expands items in Brief CANS to improve care planning and coordination *(Could be used at time of initial assessment if preferred by assessor)*

Includes core items to determine eligibility, tier of care coordination, QRTP LOC, recommendations for care

Additional modules are triggered by responses on specific items, such as sexually problematic behavior, runaway, adjustment to trauma

CANS Cross-System Functionality

*One child, one CANS

System	Brief CANS	Comprehensive CANS
OhioRISE	Initial eligibility for: • OhioRISE program	• Care planning • Ongoing assessment • Monitoring individual and population outcomes • ODM quality improvement & pop. health • Part of level of care for 1915(c) Waiver eligibility
Ohio Dept. of Job and Family Services	Child Protection System / Qualified Residential Treatment Program (QRTP) level of care	
Ohio Dept. of Developmental Disabilities	Intensive Care Facility-Intensive Behavioral Support Rate Add On eligibility and redetermination (every 6 months)	• Care planning • Transition planning
Others – Ohio Dept. of Youth Services, Local Family &Children First Councils, OhioMHAS, Etc.	Mobile Response Stabilization Services model, Intensive Home-Based Treatment, QRTP requirements	• Care planning • Ongoing assessment • Monitoring of individual and population outcomes

Why You Should have a CANS Assessor on Staff

- **To be prepared to support youth and families who may benefit from OhioRISE, pediatricians may want to have at least one staff member certified in the Ohio Children's Initiative CANS who can conduct assessments and submit results to the CANS IT System**

- Children and youth who may benefit from OhioRISE:
  - »Have multiple needs that result from behavioral health challenges
  - »Have multi-system needs or are at risk for deeper system involvement
  - »Are at risk of out-of-home placement or are returning to their families from out-of-home placement

- Rather than referring a youth and family elsewhere for a CANS assessment, you may want to provide an assessment to ensure families don't need to work with another provider at a later date. Many youth and families that could benefit from OhioRISE have urgent needs.

- **CANS Assessment Certification is available to anyone in Ohio**
  - » Cost of training and certification is covered by the Ohio Department of Medicaid
  - » No clinical background required
  - » Attend a live virtual training session (6 hours) through the Child and Adolescent Behavioral Health Center of Excellence (COE). Find a training here.
  - » Pass an online certification exam through the Praed Foundation
  - » Get CEUs for completing the training
  - » Reimbursement for completing CANS assessments is available for enrolled Medicaid providers with the CANS specialty. Find more information about enrollment and billing here.
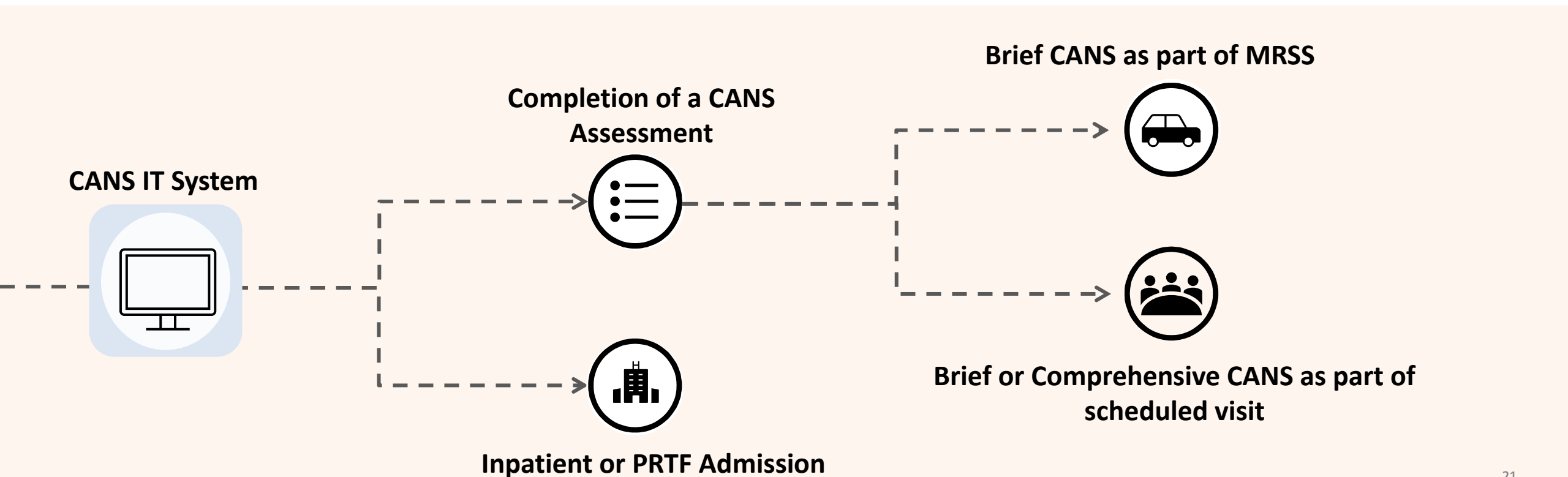
What is the CANS Information Technology System?
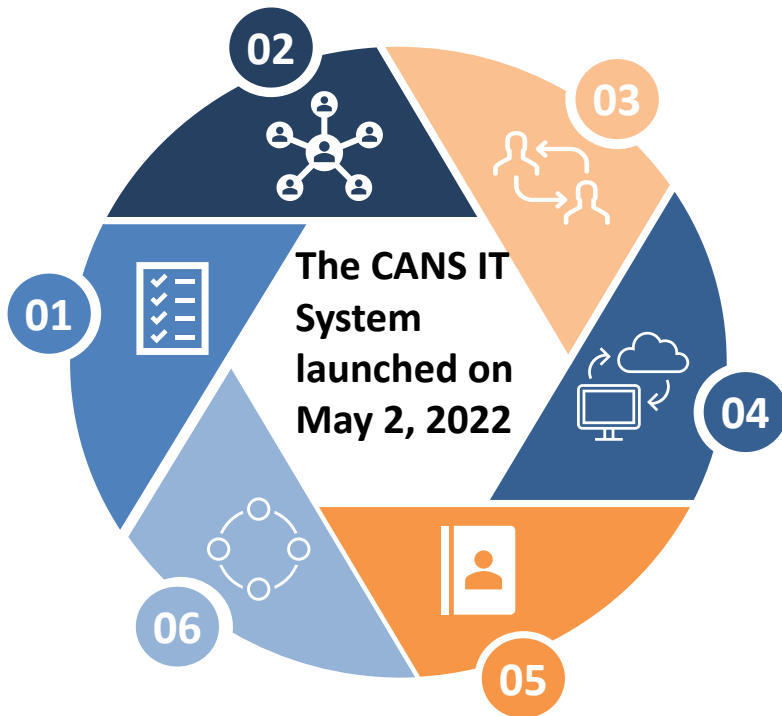
The CANS IT System launched on May 2, 2022

Centralized System for documenting CANS assessments and reassessments/updates with a youth/caregiver. Certified Ohio Children's Initiative CANS assessors will register and use the system to document these assessments in a single location.

Supports our **cross-system goal of "one child, one CANS"** and ensures that youth/caregivers do not need to retell their stories.

Improves care continuity and collaboration. Outputs/results are accessible to assessors and care team members, promoting cross-system coordination in real-time.

Assessments must be submitted into the IT System to enroll youth into OhioRISE including when there is a behavioral health inpatient stay

Produces **immediate Decision Support Model outputs**, including care coordination and care recommendations.

Track trends and outcomes to identify gaps and inform access and capacity improvement efforts.

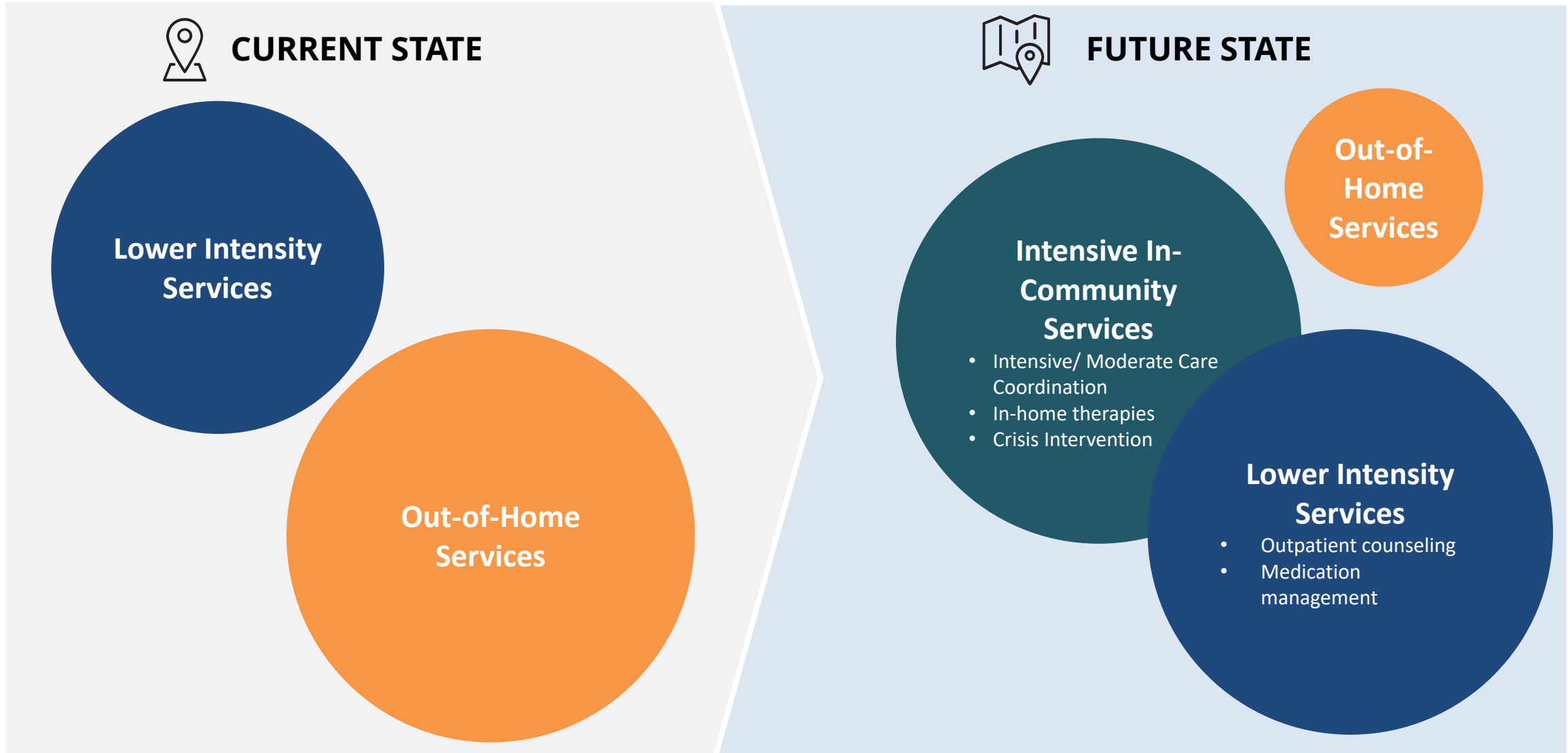# The CANS IT System Initiates Rolling Enrollment into OhioRISE

OhioRISE enrollment is triggered by one of the following actions in the CANS IT System:

- Notification of an Inpatient Psychiatric/PRTF admission
- Submission of a CANS assessment by a certified assessor (either Brief or Comprehensive)
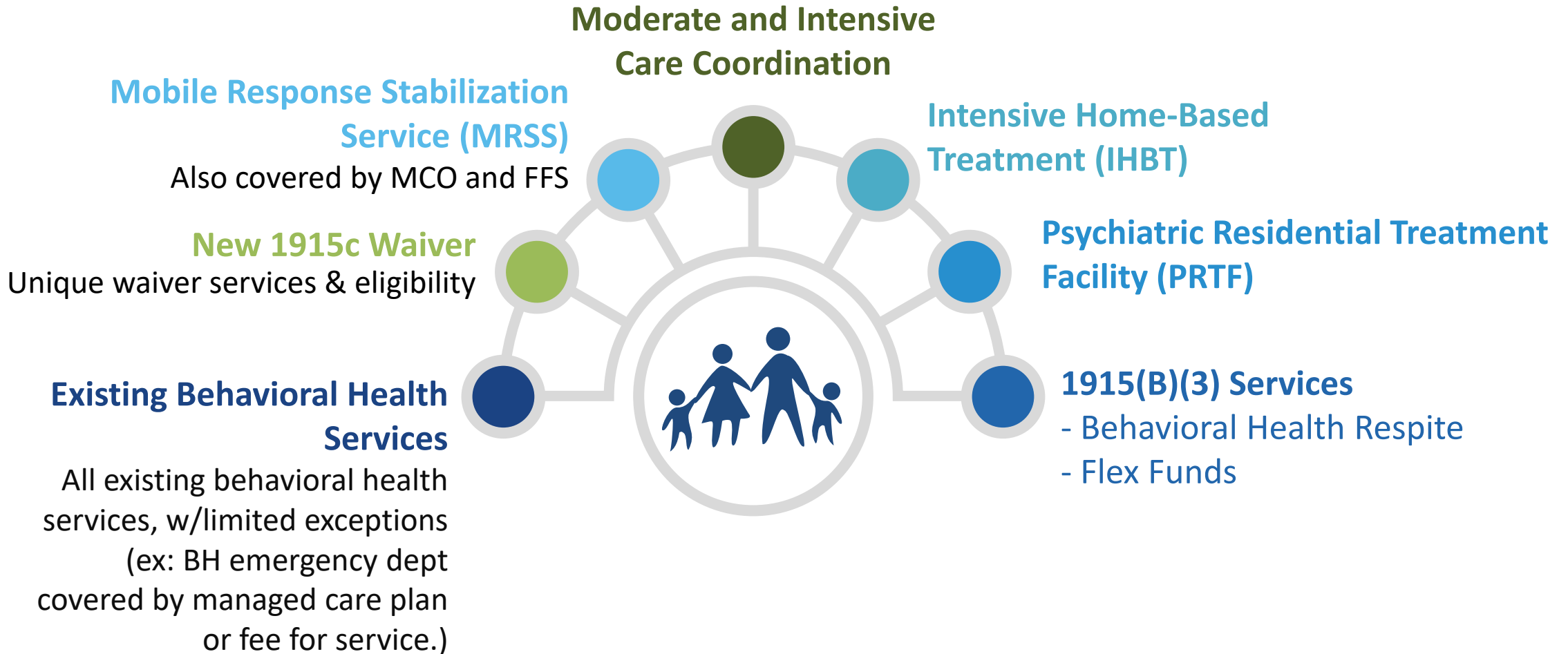

CANS IT System

Completion of a CANS Assessment

Inpatient or PRTF Admission

Brief CANS as part of MRSS

Brief or Comprehensive CANS as part of scheduled visit

OhioRISE Services

We Need to Build Significant Capacity to Shift the System

CURRENT STATE

- Lower Intensity Services
- Out-of-Home Services

FUTURE STATE

- Out-of-Home Services
- Intensive In-Community Services
  - Intensive/ Moderate Care Coordination
  - In-home therapies
  - Crisis Intervention
- Lower Intensity Services
  - Outpatient counseling
  - Medication management

OhioRISE New & Enhanced Services

Moderate and Intensive Care Coordination

Mobile Response Stabilization Service (MRSS)
Also covered by MCO and FFS

Intensive Home-Based Treatment (IHBT)

New 1915c Waiver
Unique waiver services & eligibility

Psychiatric Residential Treatment Facility (PRTF)

Existing Behavioral Health Services
All existing behavioral health services, w/limited exceptions (ex: BH emergency dept covered by managed care plan or fee for service.)

1915(B)(3) Services
- Behavioral Health Respite
- Flex Funds

BH Services – Financial Responsibility

Service	Children Not Enrolled in OhioRISE	Children Enrolled in OhioRISE	
	Managed Care Org. Responsibility*	Managed Care Org. Responsibility*	OhioRISE Responsibility
Medical Services	✓	✓	
Emergency Department Behavioral Health Services	✓	✓	
Mobile Response and Stabilization Services	✓		✓
Ohio Children's Initiative CANS Assessment	✓		✓
Outpatient MH and SUD Services	✓		✓
• Community Behavioral Health	✓		✓
• Outpatient Hospital Behavioral Health	✓		✓
• Psychiatrists and Other Licensed Practitioners	✓		✓
• FQHCs and RHCs	✓		✓
Residential SUD Treatment Services	✓		✓
Psychiatric Inpatient Hospital Services			✓
OhioRISE-Only Services			✓
• Intensive & Moderate Care Coordination			✓
• Intensive Home-Based Treatment			✓
• Psychiatric Residential Treatment Facility			✓
• OhioRISE 1915(b) and 1915(c) services			✓

* FFS will follow the same payment responsibility as MCOs

Supporting OhioRISE

Pediatricians are important access points for OhioRISE
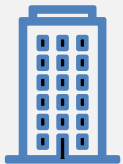
Pediatricians

Pediatricians' offices

Setting where families interact with medical social work

Outpatient behavioral health providers

Emergency departments

Inpatient psychiatric units

Is my patient already an OhioRISE member?

OhioRISE enrollment can be verified through one of the following ways:

- Telephone Verification
  - Call Aetna's Member Services Department to verify eligibility at 1-855-364-0974
  - Call ODM's Provider Hotline 800-686-1516

- Secure web portal
  - Aetna or MCO Secure Portal Verification
  - MITS Portal or EDI Transaction

- Managed Care Plan ID Card
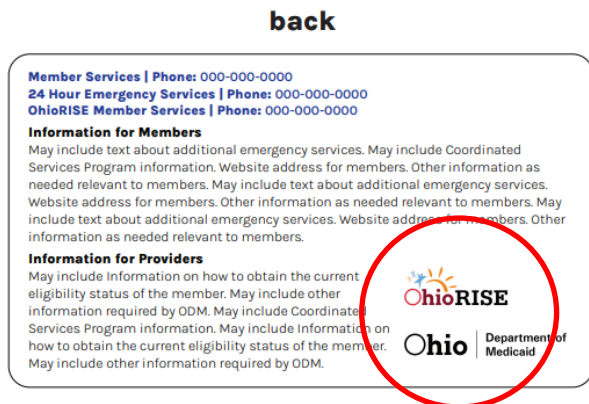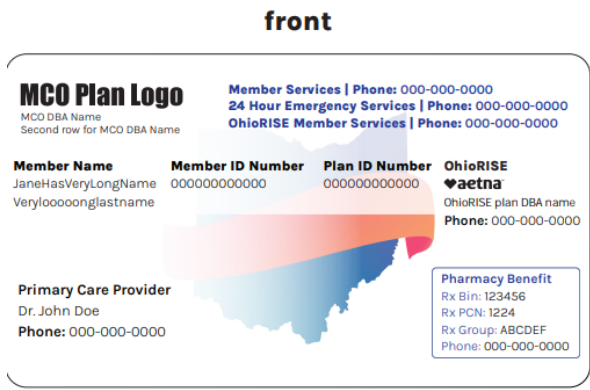
How do I identify my patient's OhioRISE Care Coordinator?

OhioRISE Care Coordinators will contact all providers / supports identified by the family

Contact Aetna

Ask the family

Contact the patient's MCO

Reminder:
- ✓ Aetna Care Coordinators provide Limited Care Coordination (Tier 1)
- ✓ Care Management Entities (CMEs) provide Moderate Care Coordination (Tier 2) and Intensive Care Coordination (Tier 3)

Members may decline OhioRISE Care Coordination

① **Scenario 1: When members do not want to engage in OhioRISE Care Coordination**

② **Scenario 2: When members elect to receive coordination elsewhere (i.e. Family and Children First Council) and do not want OhioRISE CC**

An OhioRISE Care Coordinator from Aetna will remain available to:

- ✓ Engage with primary care coordination entity, coordinator, or a key person involved with youth and family ("youth's trusted advisor")
- ✓ Gather appropriate Release of Information (ROI) and consents (takeaway---arm Service and Support Administrator (SSA) and FCFC with these forms)
- ✓ Complete 30-day outreach
- ✓ Secure the child and family-centered care plan (CFCP) for waiver members
- ✓ Ensure completion of 90-day CANS Assessment
- ✓ Support completion of a Health Risk Assessment (HRA) for an MCO or OhioRISE Plan
- ✓ Authorize and pay for services
- ✓ Ensure referrals to MCO transportation, services, benefits
- ✓ Engage with family regarding services, as appropriate
- ✓ Issue required member materials

What do I need to do once my patient is enrolled in OhioRISE?

1 Be prepared to talk with youth and families about the OhioRISE program

2 An OhioRISE Care Coordinator will contact you to learn about your work with the youth and their family

3 You will be invited to participate in your patient's Child and Family Team (CFT) meetings
  » The CFT develops the Child and Family-Centered Care Plan which outlines services and supports for the youth and family and meets:
    • Every 30 days for youth in Intensive Care Coordination (Tier 3);
    • Every 60 days for youth in Moderate Care Coordination (Tier 2) and Limited Care Coordination (Tier 1); or
    • Whenever there is a significant change in a member's condition or circumstances
  » The CFT is responsible for identifying any needed services and supports
    • Treatment services must be documented on the Child and Family-Centered Care Plan

What do I need to do once my patient is enrolled in OhioRISE?

4 | Understand what services and supports are covered through OhioRISE

» Many of the new or enhanced OhioRISE services are *only* covered when a youth is enrolled in OhioRISE

- Intensive Home-Based Treatment (IHBT)
- Psychiatric Residential Treatment Facility (PRTF)
- Behavioral Health Respite
- Primary Flex Funds
- OhioRISE 1915(c) waiver services (requires waiver enrollment)

» It is important for providers to work closely with the Child and Family Team when new or different services are recommended to ensure approval and coverage
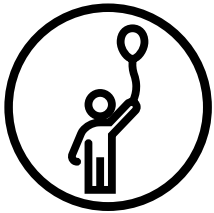
5 | Reach out to the OhioRISE Care Coordinator for support

OhioRISE Launch Updates

What did we accomplish on Day 1?

Day One Enrollees

5,655 children and youth were **enrolled into the OhioRISE program on July 1.**

Care Coordination Activities Commenced

Aetna Better Health of Ohio (the OhioRISE plan) and the OhioRISE care management entities (CME) **began care coordination activities.**

CMEs Began Conducting Child and Family Team (CFT) Meetings

The first CFT meeting took place on July 1. CFTs **build the Child and Family-centered Care Plan for OhioRISE enrollees.**

OhioRISE Accomplishments

Ohio CANS Assessors Registered in the CANS IT System*

1,242

4,677% since July 1, 2022

CANS Assessments Submitted in the CANS IT System*

3,219

14,532% since July 1, 2022

Children and Youth Enrolled in OhioRISE*

7,761

37.2% since July 1, 2022

*Data collected as of 3 p.m. ET on Aug. 8, 2022

Six Ways You Can Help Ohio Families

1 **Talk to families, youth, and other community partners about OhioRISE**

- The OhioRISE brochure provides high-level information regarding OhioRISE to help youth and their families understand the program and its major components.
- The OhioRISE flyer provides comprehensive information on OhioRISE and supplemental information that is more in-depth than the OhioRISE brochure, including information about the basics of OhioRISE, eligibility, covered services, enrollment, and scheduling a CANS assessment.

2 **Facilitate the CANS assessment**

- Facilitate the CANS assessment by referring or providing CANS assessments for children/youth who may need to be assessed for eligibility. You may be contacted by an OhioRISE CME or Aetna to help refer or provide a CANS assessment to a potentially eligible child/youth. Here is a CANS flyer for assessors and a CANS flyer for members and families to learn more about OhioRISE and the CANS assessment tool's implications for eligibility.

3 **Participate in a Child and Family Team (CFT)**

- Participate in a CFT when asked by a child/youth and family. Outreach will come from care coordinators at the OhioRISE CMEs or Aetna. Click here to learn more about CFT in the OhioRISE CME manual.

4 **Leverage the CFT process and child and family-centered care plan (CFCP)**

- Click here to learn more about the CFT process and CFCP in the recorded Module 2 OhioRISE community and provider training or click here to access the training deck.
- Click here to learn more about a CFT in the OhioRISE CME manual.

5 **Provide treatment services to OhioRISE-enrolled children and youth**

- Click here to access OhioRISE provider enrollment and billing guidance.

6 **Reach out to the OhioRISE CMEs to help them build capacity for community resources/natural supports**

- Click here to view the OhioRISE CMEs page of the OhioRISE webpage. You will find the contact information of the OhioRISE CME serving your geographic area under the "CME Contact Information" tab.

Questions?
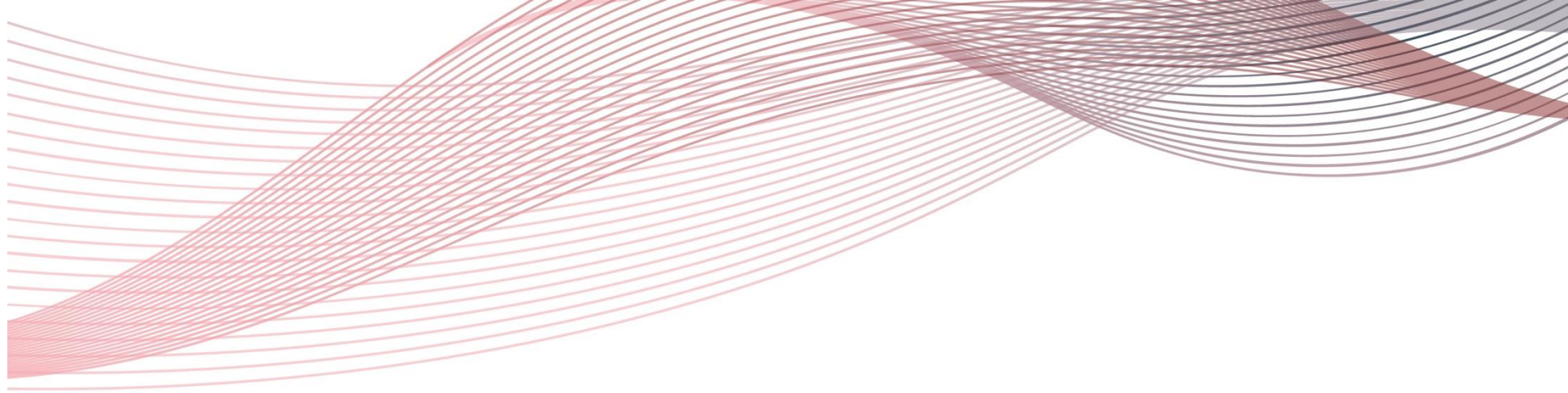
Executive Team

- Pamela E. Zipperer-Davis, MHA, FACHE, FACMPE, President.

- Joseph M. Kolks, BS, Chief Financial Officer.

- Sharon D. Higgins, RN, MSA, VP Operations.

- Paul Howe, LSW, BA, VP Operations.

- Adam Phelps, VP, HR, Strategy, Communications and Business Development.
  - Combined 54 years' experience at CareStar.
  - Average tenure of Executive Team 11 years.

CareStar's Shared Purpose

- Mission
  - Improving Communities by Improving Lives.

- Vision Statement
  - CareStar is a nationally recognized leader in the field of Care Management Services and Systems for long-term chronically disabled and disadvantaged persons.

- Core Values:

CareStar

OhioRISE

Ohio Resilience through Integrated Systems and Excellence

- Seamless Systems to Support Families.

- Prevention Focus and promotion of appropriate treatment to meet the needs of child and family.

- Trauma informed care.

- Resources to support for Social Determinants of Health (SDoH).

- Aligned with Family First Prevention Services Act implementation.

- Effective and efficient systems to reduce fragmentation.

- Family friendly, promoting self-sufficiency, recovery and resiliency.

- Ensure all children have safe and nurturing homes and communities.

- Ensure we and our partners are well-trained and operate with integrity and transparency.

CareStar

Catchment Areas

Color	CME	Projected Annual Assignment (estimate for 12 months)	Count of Counties in CME Region	Counties in CME
	A	2920	9	Williams, Defiance, Fulton, Henry, Putnam, Paulding, Van Wert, Mercer, Lucas
	B	1650	11	Wood, Ottawa, Erie, Sandusky, Seneca, Wyandot, Hancock, Huron, Crawford, Marion, Union
	C	2100	11	Allen, Auglaize, Hardin, Darke, Shelby, Miami, Logan, Champaign, Clark, Green, Madison
	D	2350	2	Preble, Montgomery
	E	2180	3	Butler, Warren, Clinton
	F	2550	1	**Hamilton**
	G	2670	6	**Hamilton**, Clermont, Brown, Adams, Scioto, Lawrence
	H	2070	11	Fayette, Pickaway, Highland, Ross, Pike, Hackson, Gallia, Meigs, Hocking, Vinton, Athens
	I	1750	8	Fairfield, Perry, Muskingum, Morgan, Noble, Guernsey, Coshocton, Washington
	J	2920	8	Monroe, Belmont, Harrison, Tuscawaras, Carroll, Jefferson, Columbiana, Stark
	K, L	2750, 2750	1, 1	**Franklin**
	M	1350	4	Licking, Knox, Morrow, Delaware
	N	1430	2	Lorain, Medina
	O	1310	4	Ashland, Richland, Wayne, Holmes
	P, Q	2200, 2200	1, 1	**Cuyahoga**
	R	2120	4	**Cuyahoga**, Lake, Geauga, Ashtabula
	S	2300	2	Summit, Portage
	T	2450	2	Trumbull, Mahoning

How Can a CANS Assessment BE Scheduled

- Medicaid Consumer Hotline at 1-800-324-8680 (TTY: 711), Monday through Friday 7:00 a.m. to 8:00 p.m. and Saturday 8:00 a.m. to 5:00 p.m.

- » Aetna Better Health of Ohio at 1-833-711-0773 (TTY: 711), Monday through Friday from 7 a.m. to 8 p.m.

- » A child or youth's managed care organization, if they are enrolled in managed care.

- » A CME in the child or youth's community.

- » A behavioral health provider or Family and Children First Council that has a CANS assessor onsite.

CareStar

CareStar Contacts for CANS/ Case Referrals

Angela Antronica LSW, LPC
Clinical Manager, CareStar
5566 Cheviot Rd. Cincinnati, Ohio 45247
Ph: 614-729-6439 C-513-926-6650

- aantronica@carestar.com

Rebecca Brookover, MSW
Clinical Manager, CareStar
5566 Cheviot Rd. Cincinnati, Ohio 45247
Ph: 614-729-6323,Fax: 614-729-6485

- rbrookover@carestar.com

CareStar

OhioRISE Catchment F

Current Staffing

Subcontracts executed with 5 partners
- NYAP
- Pressley Ridge
- Talbert House
- Best Point
- New Path

Current Staffing
- 1 CME Director (Lighthouse)
- 1 Coordinator (Lighthouse)
- 7 Supervisors (Lighthouse + Partners)
- 26 Moderate Care Coordinators
- 320 Assigned Members

Referrals and Eligibility Determination

- Clients not attributed to a CME must be referred for eligibility determination

- Determination starts with the CANS assessment which MUST be entered into the CANS Portal by a Certified Ohio CANS Assessor

- **Initial Plan for Catchment F Referrals for CANS**
  - ✓ **Contact the client's MCO directly to request the CANS**
  - ✓ **Contact Lighthouse for referral information**

- We are working on ways to build capacity for new referrals for CANS within the Catchment Area

- **GOAL: provide a pipeline within the catchment area for all new eligibility determinations.**

Lighthouse Contact Information

CME Director

Isaiah Febus   ifebus@lys.org

Referral

(513) 487-6705

integratedaccess@lys.org

www.lys.org/help/

Options for Initiating a Referral to OhioRISE / CANS Assessment

❖ Contact OhioRISE Member Services at **833-711-0773 (TTY: 711)** from 7 a.m. to 8 p.m. Monday through Friday.
  • Aetna Better Health of Ohio will work with the youth and if applicable, their MCO, to coordinate a referral for a CANS Assessment to determine eligibility for the OhioRISE program.

❖ Contact the youth's MCO directly.
  • MCO must ensure an initial CANS assessment appointment for the purpose of determining OhioRISE eligibility is scheduled within 72 hours of referral to the MCO.
  • The MCO must have a process in place to ensure the initial CANS assessment is completed within 10 business days after scheduling.

MCO	Phone Number	Website
Anthem BCBS*	1-800-462-3589	www.anthem.com/oh
Buckeye	1-866-246-4358	www.buckeyehealthplan.com
CareSource	1-800-488-0134	www.caresource.com
Molina	1-855- 665-4623	www.molinahealthcare.com
United	1-800-895-2017	www.uhccommunityplan.com

*Administered by Paramount Advantage in West and Northeast Region until later in 2022

Additional Ohio Medicaid Managed Care Organizations (available in last few months of 2022):

MCO	Phone Number	Website
AmeriHealth Caritas	1-833-764-7700	www.amerihealthcaritasoh.com
Anthem BCBS*	1-844-912-0938	www.anthem.com/oh
Humana	1-877-856-5702	www.humana.com/HealthyOhio

*Administered by Anthem BCBS statewide

Additional Resources

OhioRISE Website

https://managedcare.medicaid.ohio.gov/managed-care/ohiorise/ohiorise

You will find:

- OhioRISE flyers to distribute to families and providers
- OhioRISE Brochure
- Care Management Entity assignment and contacts
- FAQ
- Support Mailbox

Catchment F Contacts

CME Director:	Isaiah Febus	ifebus@lys.org
Lighthouse COO:	Jodi Harding	jharding@lys.org
Lighthouse CEO:	Paul Haffner	phaffner@lys.org

OhioRISE Catchment G

Cincinnati Children's HealthVine

HealthVine │OVERVIEW

Mission & Vision

HealthVine is a network of pediatric care providers and organizations [backed by Cincinnati Children's] that connect to help children be healthier, more effectively and affordably. Through the power of collaboration, and using our combined expertise, we coordinate care and support services for families that enable children to thrive by living their healthiest lives.

Patient Population

130,000+ CareSource-covered youth up to age 19 as well as young adults ages 19 to 21 in the Aged Blind and Disabled (ABD) program who reside in eight counties in Southwest Ohio including Adams, Brown, Butler, Clermont, Clinton, Hamilton, Highland and Warren.

Delegated Services

HealthVine is assuming accountability for **care management**, **utilization management,** and **quality improvement**. Member services and programs through CareSource will not change.

Cincinnati **Children's**™
HealthVine
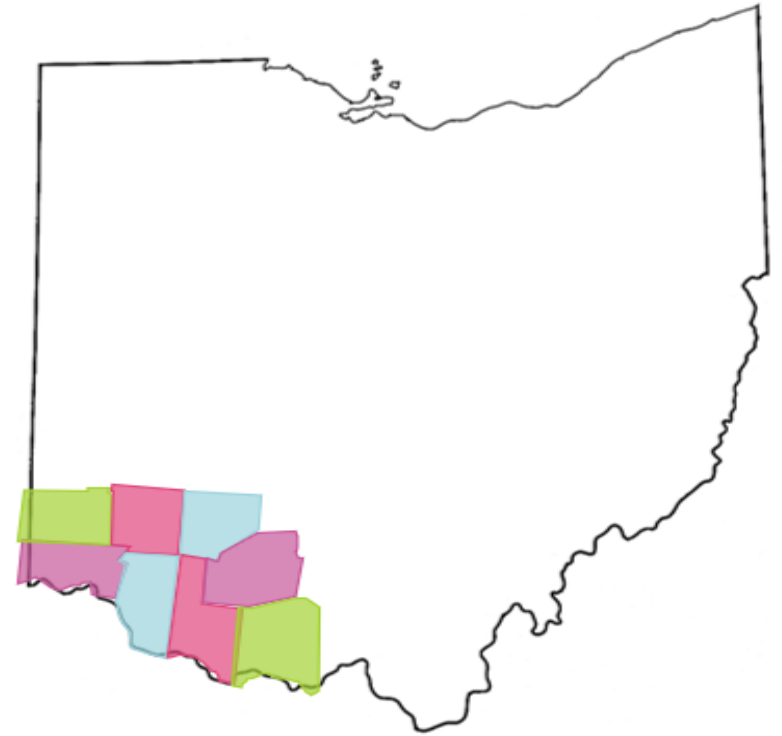
HealthVine │ OVERVIEW

CARE MANAGEMENT

A primary responsibility of HealthVine is to support care coordination for members. The HealthVine Care Management team provides patient level and practice liaison care management as well as population health outreach.

BEHAVIORAL HEALTH

HealthVine is working to fully integrate physical and behavioral health. HealthVine will utilize multiple strategies to promote behavioral health such as: prevention and early intervention; connecting patients to care; elevating evidence-based treatment and increasing behavioral health across systems.

QUALITY IMPROVEMENT

HealthVine will provide resources and expertise to practices to support ideas for innovation and improvement. We will support practices in implementing ideas to create better outcomes for children they serve through quality improvement education, data analytics and EMR-based tools.

UTILIZATION MANAGEMENT

HealthVine's Utilization Management Program evaluates medical necessity for inpatient, outpatient and behavioral medicine cases requiring prior authorization. We collaborate with pediatric providers and our delegated managed care plans to develop pediatric guidelines for medical necessity review to improve patient outcomes. We are also dedicated to identification and optimizing care of patients requiring Care Management programs.

Cincinnati Children's
HealthVine

HealthVine | OhioRISE

• HealthVine will assume Care Management Entity (CME) responsibilities for OhioRISE youth in Catchment G, including Eastern Hamilton, Clermont, Brown, Adams, Scioto and Lawrence Counties (**marked in pink**).

• HealthVine will continue to fulfill care management duties for physical and lower-complexity behavioral health as delegated by CareSource in our 8-county area (**marked in blue**) in addition to serving as CME in Catchment G (**marked in pink**).
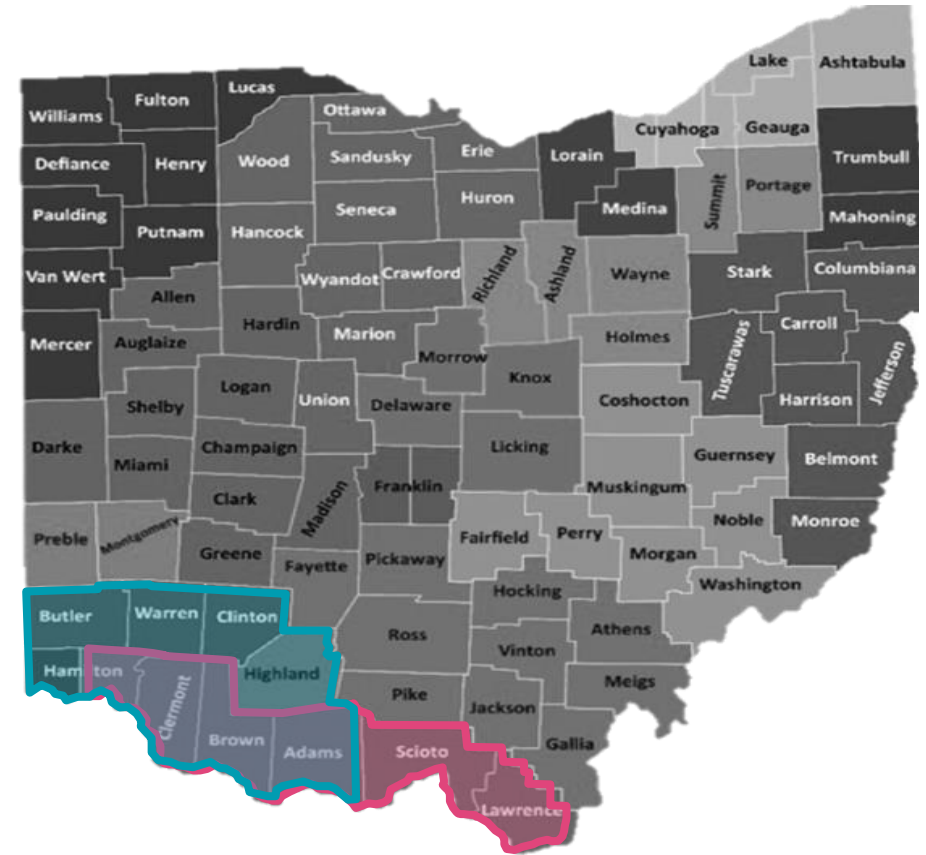
OhioRISE | Looking Ahead

- **HealthVine will assume CME responsibilities for OhioRISE youth in Catchment G** – this will increase support for all eligible youth on Medicaid

- **HealthVine** will continue to fulfill care management duties for physical and lower-complexity behavioral health as delegated by CareSource and other MCOs*** in our 8-county area in addition to serving as CME in Catchment G

- **Population health and QI efforts** will continue across the entire continuum of care

- **OhioRISE aligns with institutional prioritization** of behavioral health as a part of POPT

- **CCHMC will continue** to be a provider of behavioral health services across the care continuum

OhioRISE HealthVine Leadership

Clinical Director
Nicole Geier-Lindsey

Clinical Manager
Brandy Wiener

Manager of Programs
Mallory Bennison

Cincinnati Children's
HealthVine

Contact HealthVine's OhioRISE Team

• Help making a referral •
• Collaborate with a Care Coordinator •
• Additional questions •

OhioRISE@cchmc.org

(513) 636-5007

OhioRISE Launch Resources

Regional Coordinators

NorthEast

Laura Mann - MannL@aetna.com

- Wood, Hancock, Ottawa, Sandusky, Seneca, Wyandot, Marion, Union, Erie, Huron, Crawford, Lorain, Medina, Cuyahoga, Lake Erie, Geauga, Ashtabula, Summit, Portage, Trumbull, Mahoning, Stark, Columbiana, Tuscarawas, Carroll, Jefferson, Harrison, Belmont, Monroe

Central and Southeast

Frank Drago - DragoF@aetna.com

- Richland, Ashland, Wayne, Morrow, Knox, Delaware, Licking, Coshocton, Muskingum, Guernsey, Fairfield, Perry, Morgan, Washington, Franklin, Fayette, Pickaway, Highland, Ross, Pike, Hocking, Vinton, Jackson, Athens, Meigs, Gallia

West

Matt Price – PriceM1@aetna.com

- Williams, Fulton, Lucas, Defiance, Henry, Paulding, Putnam, Van Wert, Mercer, Allen, Auglaize, Hardin, Darke, Shelby, Logan, Miami, Champaign, Clark, Greene, Madison, Preble, Montgomery, Butler, Warren, Clinton, Hamilton, Clermont, Brown, Adams, Scioto, Lawrence
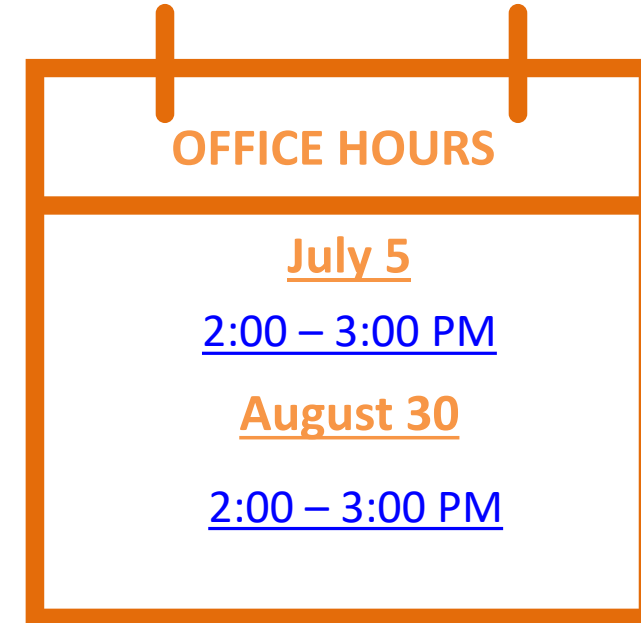
West

Central and Southeast
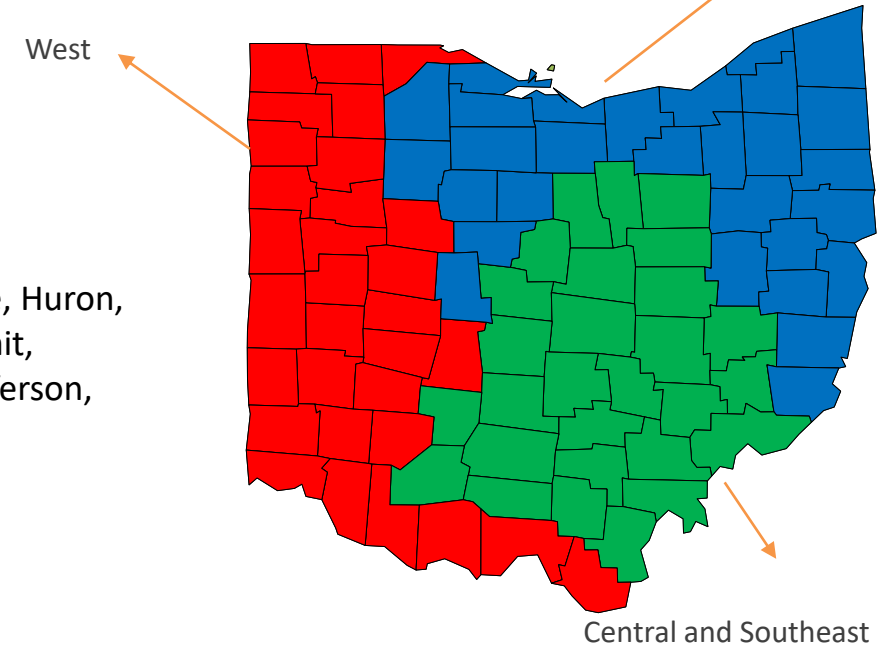
Attend Implementation Open Office Hours

We are offering open office hours every Tuesday

Purpose of Office Hours:

- Provide opportunities for community partners and providers to raise implementation and operational questions to OhioRISE subject matter experts.

OFFICE HOURS

July 5

2:00 – 3:00 PM

August 30

2:00 – 3:00 PM

- Bi-weekly Open Office Hours for Family and Children First Councils

- Scheduling weekly Open Office Hours for Child Protection System
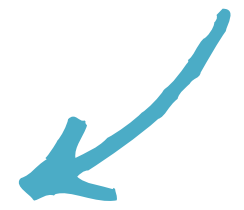
OhioRISE Launch Information Page

New tile featuring OhioRISE Launch Updates on the OhioRISE webpage

Updates on the OhioRISE launch and implementation will be available on the **"OhioRISE Launch Information"** tile on the OhioRISE webpage.

The availability of new resources will be featured in the **"For More Information"** column.

OhioRISE Launch Information

Information and updates on the July 1 OhioRISE launch and implementation.

For more information

OhioRISE Launch Announcement:

Press Release

Announcement One-Pager

Available Resources:

Member and Provider Help Desks Contact Information

Options for Initiating a Referral to OhioRISE / Child and Adolescent Needs and Strengths (CANS) Assessment

Resources for Members and Families

Designed to answer common questions about OhioRISE eligibility and enrollment

Click on the **'Resources for Members and Families'** tile

Resources for Members and Families

Learn more about the OhioRISE program and how it may benefit you and your family starting July 1.

Open questions by clicking on the **frequently asked question title**

Review **answers to frequently asked questions**

Resources for Members and Families

You can learn about which services the OhioRISE program will deliver to Ohio's youth and families with complex behavioral health needs by watching the video below. Click on each question underneath the video to learn more about how the OhioRISE program's services may benefit and become accessible to you and your family starting July 1.

OhioRISE Program Services Overview

Watch on YouTube

Expand All Sections

Who may benefit from OhioRISE?

- Children and youth who may benefit from OhioRISE:
- Have multiple needs that result from behavioral health challenges,
- Have multisystem needs or are at risk for deeper system involvement, and/or
- Are at risk of out-of-home placement or are returning to their families from out-of-home placement.

Young people with multisystem needs often require help and services from community systems which may include juvenile justice, child protection, developmental disabilities, schools, mental health and addiction, and others.

OhioRISE Training Recordings

Training Name	Audience	Topics Covered	Recording
Module 1 OhioRISE Community and Provider Training	• local system partners, direct service providers, state agencies, managed care entities, and other interested parties	• OHR overview, eligibility and enrollment	[Click here to view the recording](#) [Click here to view the presentation slides](#)
Module 2 OhioRISE Community and Provider Training	• local system partners, direct service providers, state agencies, managed care entities, and other interested parties	• Referrals, care coordination, and system of care integration	[Click here to view the recording](#) [Click here to view the presentation slides](#)
OhioRISE Juvenile Justice Track	• juvenile judges and court staff who work with children/adolescents	• OHR overview, CANS tool, OHR court operations CMES and system of care, differences between QRTP and PRTF, eligibility for OHR juvenile justice involved youth	[Click here to view the recording](#) [Click here to view the presentation](#)
Module 3 OhioRISE Community and Provider Training	• local system partners, direct service providers, state agencies, managed care entities, and other interested parties	• Enrollment, OhioRISE services, billing and claims, IT systems	[Click here to view the recording](#) [Click here to view the presentation slides](#)
Aetna Claims Submissions and Prior Authorization Request Training	• Providers and CMEs	• Claims submissions, Prior Authorization Child and Family-Centered Care Plan	[Click here to view the presentation slides](#)
OhioRISE 1915(c) Waiver Training	• Youth and families, local system partners, direct service providers, state agencies, managed care entities, and other interested parties	• OHR overview, CANS, CMEs, 1915c waiver overview and eligibility, waiver services, provider types/provider qualifications, billing, coding, reimbursement	[Click here to view the recording](#) [Click here to view the presentation slides](#)
OhioRISE PCSA and IV-E Court Track	• Frontline PCSA clinical, placement coordinators, and caseworkers; PCSA employees who select Medicaid MCOs; Title IV-E court staff	• OHR overview, eligibility, CANS tool and IT system, referrals, Day 1 enrollment, OHR services, CMEs and system of care, care and case planning with CMEs, prior approval and prior authorization of OHR services	[Click here to view the recording](#) [Click here to view the presentation](#)

OhioRISE Training Recordings, cont.

Training Name	Audience	Topics Covered	Recording
CANS IT System Training	• CANS assessors from local system partners, direct service providers, state agencies, managed care entities, and other interested parties	• Assessor registration • Youth/Child Search • Assessment Creation and Submission	Click here to view the recording Click here to view the recording Click here to view the User Guide
FCFC Mini Forum	• FCFCs	• OhioRISE Primer • ODM specific topics for FCFCs • Member Journeys and Visio Maps	Click here to view the presentation
Module 4 OhioRISE Community and Provider Training	• Youth and families, local system partners, direct service providers, state agencies, managed care entities, and other interested parties	• Systems engagement – Panel discussion with a Care Management Entity and their local system of care partners, Aetna Better Health of Ohio and the Center of Excellence	Click here to view the recording Click here to view the presentation
Hospitals Track	• Hospitals / Children's Hospitals	• Overview of OhioRISE, Eligibility, IP Psych admissions for eligibility, CMEs and Care Coordination, discharge planning, and member journey	Click here to view the recording Click here to view the presentation
OhioRISE Developmental Disability System Track	• Boards and providers in the Developmental Disability System	• Overview of OhioRISE, Eligibility, Services, CMEs and Care Coordination and the role of SSAs for OhioRISE youth, 1915(c) waiver, and member journey	Click here to view the recording Click here to view the presentation

Comprehensive Primary Care Presentation

- The OhioRISE presentation for Comprehensive Primary Care can be found <u>here</u> and a recording of the webinar <u>here</u>.
- The recorded presentation covers:
- ✓ Overview of OhioRISE
- ✓ CPC and OhioRISE
  - » Expectations of CPC practices for OhioRISE members
  - » How OhioRISE members fit into CPC model
  - » How to refer a patient to OhioRISE

OhioRISE Brochure and Flyer for Youth and Families

Purpose

Provides high-level information regarding OhioRISE so that youth and their families can understand the program and its major components.

Distribution

OhioRISE Brochure and Flyer can be distributed by CMEs and community partners to youth and families.
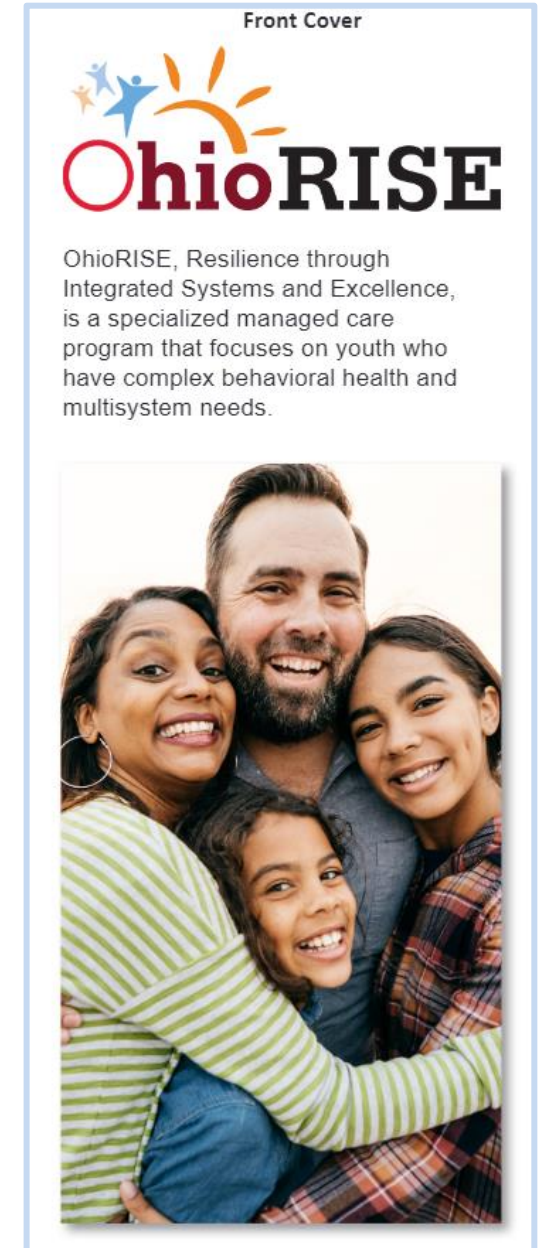
Printing

Instructions available on the Resources for Community Partners and Providers webpage under 'Educational and Member Materials for Distribution.'

Topics Covered

- Eligibility
- Covered services
- Coverage provided by OhioRISE vs. a managed care organization or fee-for-service Medicaid
- CANS assessments
    - What is a CANS assessment?
    - How to schedule a CANS assessment
- How to get more information on OhioRISE
- Contact information for questions

Additional Languages

- Arabic
- Dzongkha
- German
- Haitian (Creole)
- Nepali
- Somali
- Spanish

Front Cover

OhioRISE

OhioRISE, Resilience through Integrated Systems and Excellence, is a specialized managed care program that focuses on youth who have complex behavioral health and multisystem needs.

OhioRISE Flyer for Community Partners

Purpose

Provides comprehensive information on OhioRISE so that community partners can have the knowledge necessary to talk to youth and their families regarding the program.

Provides supplemental information that is more in-depth than the brochure.

Distribution

OhioRISE Flyer can be distributed by CMEs to community partners such as juvenile justice, education, and child protection.

Topics Covered

- Basics of OhioRISE
- Eligibility
- Covered Services
- Enrollment
- Scheduling a CANS assessment

Printing

Instructions available on the Resources for Community Partners and Providers webpage under 'Educational and Member Materials for Distribution'
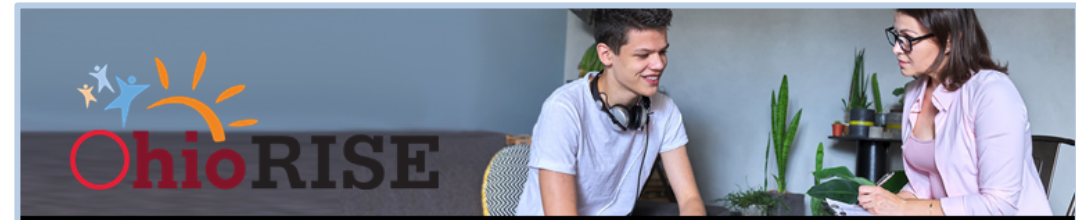
OhioRISE Overview for Community Partners

What are the basics of OhioRISE?

OhioRISE is a specialized Medicaid managed care program for children and youth with complex behavioral health needs (mental health/substance use disorder) and multi-system needs. Aetna Better Health of Ohio (Aetna) is the managed care partner for the program.

Children and youth with multi-system needs are often involved in multiple community systems such as juvenile justice, child protection, developmental disabilities, education, mental health and addiction, and others.

The OhioRISE Program uses a "system of care" approach and the guiding principles of a wraparound philosophy. These techniques focus on "wrapping around" a child or youth through care coordination to provide services and supports through a coordinated network in their community. This helps ensure the child or youth functions better at home, in school, in the community, and throughout life.

OhioRISE care coordination uses a Child and Family Team (CFT) approach. Children or youth and their caregivers select members of their CFT. The CFT meets regularly to assist with care planning that focuses on the child or youth's and family's strengths, beliefs, culture, community/natural supports, and their voice and choice. OhioRISE care coordination is provided at three levels of intensity:

» Limited Care Coordination (Tier 1) - delivered by Aetna and is the least intensive level.

» Moderate Care Coordination (Tier 2) - delivered by Care Management Entities (CMEs) and uses wraparound-informed strategies.

» Intensive Care Coordination (Tier 3) - delivered by CMEs and adheres to the High-Fidelity Wrap Around model.

OhioRISE CANS Assessment Flyers

Purposes

For Assessors: provides information to CANS assessors so they have an understanding of OhioRISE and CANS assessment implications for OhioRISE enrollment.

For young people and families: explain OhioRISE, the CANS, and the role of the CANS in determining OhioRISE eligibility.

Distribution

CANS Flyer for Assessors
is for all CANS assessors across settings

CANS Flyer for Kids/Caregivers
can be distributed by CANS Assessors prior to or at the time of assessment

Topics Covered

- Basics of OhioRISE
- OhioRISE Eligibility
- CANS basics, role in OhioRISE eligibility
- CANS assessment privacy

Printing

Instructions available on the Resources for Community Partners and Providers webpage under 'Educational and Member Materials for Distribution'

OhioRISE

OhioRISE/CANS Overview for Children, Youth, and Caregivers

What is OhioRISE?

OhioRISE is a specialized managed care program that focuses on children and youth who have complex behavioral health and multisystem needs. Young people with multisystem needs often need support from multiple community systems such as schools, developmental disabilities, child protection, juvenile justice, and mental health and addiction.

Enrollment in OhioRISE gives children and youth access to behavioral health benefits provided through the OhioRISE plan (Aetna), while their physical health coverage continues to be provided by their managed care organization (MCO) or fee-for-service (FFS) Medicaid. In addition to existing behavioral health benefits, OhioRISE enrollees will have access to new and improved services and supports such as:

- » Intensive and Moderate Care Coordination.
- » Improved Intensive Home-Based Treatment (IHBT).
- » In-state Psychiatric Residential Treatment Facilities (PRTFs).
- » Behavioral Health Respite.
- » Primary Flex Funds.
- » Mobile Response and Stabilization Services (MRSS) – Also covered by MCOs and FFS Medicaid.

Who might benefit from OhioRISE?

OhioRISE may help children and youth who:

- » Have multiple needs that result from behavioral health challenges,
- » Have multisystem needs or are at risk for deeper system involvement, and/or
- » Are at risk of out-of-home placement or are returning to their families from out-of-home placement.

Who is eligible for OhioRISE?

Children and youth who may be eligible for OhioRISE are:

- » Eligible for Ohio Medicaid (either managed care or fee-for-service),
- » Are age 0-20 at the time of enrollment, and
- » Require significant behavioral health treatment, measured using the Ohio Child and Adolescent Needs and Strengths (CANS) assessment.

Young people may also be eligible for OhioRISE due to certain urgent conditions. For example, if a child or youth is in a hospital for behavioral health reasons.

What is a CANS assessment?

The CANS assessment is a tool that gathers the child or youth and caregiver's story to understand their strengths and needs and to help determine the best ways to provide help. The CANS assessment is also used to determine eligibility for OhioRISE and assists with coordination of care. A child or youth's CANS assessment will be stored in the CANS IT System and will be updated regularly to track progress and help with ongoing care planning. The CANS IT system securely stores CANS assessment information.

OhioRISE MRSS Flyers

Purposes

For MRSS Providers: provides information to MRSS providers so they have an understanding of OhioRISE, the CANS, and how to prepare a child/youth and caregivers for a CANS.

For young people and families: explain OhioRISE, MRSS, and the role of the CANS in determining OhioRISE eligibility.

Distribution

MRSS Flyer for Providers
is for all MRSS providers

MRSS Flyer for Kids/Caregivers
can be distributed by MRSS providers prior to or at the time of service

Topics Covered

- Basics of OhioRISE
- OhioRISE Eligibility
- MRSS and use of CANS assessment in determining OhioRISE eligibility

Printing

Instructions available on the Resources for Community Partners and Providers webpage under 'Educational and Member Materials for Distribution'

OhioRISE

OhioRISE Overview for Children, Youth, and Caregivers Receiving MRSS

What is OhioRISE?

OhioRISE is a specialized managed care program that focuses on children and youth who have complex behavioral health and multisystem needs. Young people with multisystem needs often need support from multiple community systems such as schools, developmental disabilities, child protection, juvenile justice, and mental health and addiction.

Enrollment in OhioRISE gives children and youth access to behavioral health benefits provided through the OhioRISE plan (Aetna), while their physical health coverage continues to be provided by their managed care organization (MCO) or fee-for-service (FFS) Medicaid. In addition to existing behavioral health benefits, OhioRISE enrollees will have access to new and improved services and supports such as:

- » Intensive and Moderate Care Coordination
- » Improved Intensive Home-Based Treatment (IHBT)
- » In-state Psychiatric Residential Treatment Facilities (PRTFs) – Available in January 2023
- » Behavioral Health Respite
- » Primary Flex Funds
- » Mobile Response and Stabilization Services (MRSS) – Also covered by MCOs and FFS Medicaid

Who is eligible for OhioRISE?

Children and youth who may be eligible for OhioRISE are:

- » Eligible for Ohio Medicaid (either managed care or fee-for-service),
- » Are age 0-20 at the time of enrollment, and
- » Require significant behavioral health treatment, measured using the Ohio Child and Adolescent Needs and Strengths (CANS) assessment.

Young people may also be eligible for OhioRISE due to certain urgent conditions. For example, if a child or youth is in a hospital for behavioral health reasons.

How might OhioRISE help children and youth receiving MRSS?

MRSS provides children and youth in crisis and their caregiver(s) with immediate behavioral health services. All children and youth who receive MRSS will be provided a CANS assessment to help determine their needs and strengths and to assist in planning follow-up care.

The CANS assessment can also be used to see if a young person is eligible for OhioRISE.

What is a CANS assessment?

The CANS assessment is a tool that gathers the child or youth and caregiver's story to understand their strengths and needs and to help determine the best ways to provide help. The CANS assessment is also used to determine eligibility for OhioRISE and assists with coordination of care. A child or youth's CANS

Ohio Administrative Code Rules

OhioRISE Ohio Administrative Code (OAC) Rules

- **New OAC Chapter for OhioRISE program 5160-59**
  - » **Currently available on the Register of Ohio when searched by Chapter 59:**
  - » **Final Filed on 6/21/22 to be effective 7/1/22**

  - » **You can search any of these rules on the Legislative Service Commission's webpage.**

- **5160-59-01 OhioRISE: definitions**
- **5160-59-01.1 OhioRISE: application of general managed care rules**
- **5160-59-02 OhioRISE: eligibility and enrollment**
- **5160-59-02.1 OhioRISE: first day eligibility and enrollment**
- **5160-59-03 OhioRISE: covered services**

OhioRISE Ohio Administrative Code (OAC) Rules

- **5160-59-03.1 OhioRISE: utilization management**

- **5160-59-03.2 OhioRISE: care coordination**

- **5160-59-03.3 OhioRISE: intensive home-based treatment service (IHBT)**

- **5160-59-03.4 OhioRISE: behavioral health respite service**

- **5160-59-03.5 OhioRISE: primary flex funds**

- **OhioRISE Plan Provider Agreement** available on the OhioRISE web page
  - » **Will be updated again to reflect the new PNM/ OMES/ FI implementation dates**

OhioRISE Members are Excluded from CPC Attribution and Reporting

» Per Ohio Administrative Code 5160-19-01(B)(1), *"Attributed medicaid individuals" are Ohio medicaid recipients for whom PCPs have accountability under a PCMH. A PCP's attributed medicaid individuals are determined by ODM or medicaid managed care organizations (MCOs). All medicaid recipients are attributed except for:*
- *(a) Recipients dually enrolled in Ohio medicaid and medicare;*
- *(b) Recipients not eligible for the full range of medicaid benefits; and*
- *(c) Recipients with third party benefits as defined in rule 5160-1-08 of the Administrative Code except for recipients with exclusively third party dental or vision coverage.*
- ***(d) Recipients enrolled in a prepaid inpatient health plan, as defined in 42 C.F.R. 438.2 (as in effect on October 1, 2021), under contract with ODM."***