

Ohio's Behavioral Health Redesign Update

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In the last biennium budget enacted July 1, 2015, the state was required to do two things in its ongoing effort to redesign behavioral health: provide for a more comprehensive Medicaid behavioral health benefit package and modernize Medicaid behavioral health insurance codes to align with national standards and expand services for individuals with the most intense needs. The redesign is expected to go into effect on July 1, 2017. The administration, including the Ohio Department of Medicaid (ODM) and the Ohio Department of Mental Health and Addication Services (ODMHAS), has developed a BH Workgroup, which includes providers, to lead the redesign process. The Joint Medicaid Oversight Committee (JMOC) has asked the Administration and the stakeholders to present periodically on their progress. On Sept. 22, Director Tracy Plouck of ODMHAS and Director John McCarthy of ODM presented an update along with a panel of six behavioral health providers. The administration outlined the updated timeline, which includes the new coding that will go into effect on July 1, 2017, thereby allowing six months for providers and the administration to work through any issues prior to the population being moved to Medicaid managed care on Jan. 1, 2018, as is currently proposed. The providers expressed appreciation for the administration's efforts to bring the rate-setting process forward and to seek stakeholder input while developing it. However, providers expressed uneasiness that the administration did not address significant concerns in the final rate-setting proposal. The Ohio Council of Behavioral Health & Family Services reports it anticipates a likely reduction in workforce due to the reduction in rates, as well as the newly proposed education and experience requirements; those two factors and the high turnover rates (25-30 percent) will have a negative impact on recruitment and retention. While Medicaid has invested in psychiatric services by proposing rates at 100 percent of the Medicare maximum rate for professional services, the proposed rates are not sustainable for clinical nurse specialists (CNS), certified nurse practitioners (CNP) and physician assistants (PA), which make up 13 percent of the workforce, paid at 85 percent of the physician fee schedule with a 50 percent revenue loss with the therapeutic behavior services (TBS) and psychiatric services and rehabilitation (PSR) rates for registered nurses and licensed practical nurses (at 64 percent of workforce). This delivery model is what has been developed to serve the current capacity because there aren't enough psychiatrists, addiction psychiatrists or psychiatric nurse practitioners available. These proposed changes will exasperate the shortage issues. The administration did recognize that the utilization of nurses will likely change as a result of the policy change. In addition, the providers raised concerns regarding a gap in the continuum of care since the model does include reimbursement for partial hospitalization. Providers for youth and adolescents voiced strong concerns that the proposals for the day treatment rate and TBS

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per diem rate for day treatment group activities and group counseling will not support the existing services. Providers argue the youth population is a vulnerable population with complex needs in an already fragmented delivery system, and the proposed changes will only further interrupt the delivery of care without any upside. In response to the concerns raised by the providers, Rep. Robert Sprague (R-Findlay) expressed that he has heard similar concerns raised by providers across the state. He is fearful that this is happening at a time when the system needs to grow capacity, not reduce it. A reduction in workforce resulting in 50 percent fewer appointments in his community, would be devastating due to the continuing growth of the opiate and heroin epidemic. In response to the concerns raised by legislators, Director McCarthy did state that at some point they need to implement the proposed changes and then work through issues as they are identified. View the full ODMHAS [presentation](#).