The Ohio Council
Of Behavioral Health & Family Services Providers

Insight Newsletter

October 2021 Edition

Due to the ongoing pandemic, this issue continues to contain primarily COVID-19-related policies and resources. However, there are non-COVID-related items included as well. Additionally, back issues of *OC Insight* are available on our website. Click the links below to download previous editions as PDFs:

March 2020, April 2020, May 2020, June 2020, July 2020, August 2020, September 2020, October 2020, November/December 2020, January 2021, February 2021, March 2021, April 2021, May 2021, June 2021, July 2021, August 2021, September 2021

COVID-19 Policy and Resource Updates

Federal COVID-19 Updates and Resources

CDC Expands Eligibility for Boosters, OKs Mixing Vaccine Types for Booster Shots

In October, U.S. CDC Director Rochelle Walensky announced the endorsement of the CDC Advisory Committee on Immunization Practices' (ACIP) recommendation for a booster shot of COVID-19 vaccines in certain populations. The Food and Drug Administration's (FDA) and CDC's recommendation for use are important steps forward in reducing the impact of COVID-19.

For individuals who received a Pfizer-BioNTech or Moderna COVID-19 vaccine, the following groups are eligible for a booster shot at six months or more after their initial series:

- 65 years and older
- Age 18+ who live in long-term care settings
- Age 18+ who have underlying medical conditions
- Age 18+ who work or live in high-risk settings

For those who received the Johnson & Johnson COVID-19 vaccine, booster shots are also recommended for those 18 and older and those who were vaccinated two or more months ago.

The CDC also announced that eligible individuals may choose which vaccine they receive as a booster dose. Some people may have a preference for the vaccine type that they originally received and others may prefer

to get a different booster. CDC recommendations now allow for this type of mix-and-match dosing for booster shots. ODH has developed the following tools to help individuals understand COVID-19 Boosters:

- Fact Sheet: COVID-19 Vaccine Booster Doses
- Frequently Asked Questions: COVID-19 Vaccine Booster Doses
- COVID-19 Vaccine Booster Dose Eligibility

If you have difficulty accessing these links, these resources can be found on the Ohio Department of Health's website under "Booster Dose Information."

CDC Issues Strong Vaccine Guidance for Pregnant People

In early October, the CDC issued a strong public advisory encouraging COVID-19 vaccination for all Americans who are pregnant, who were recently pregnant, or who may become pregnant in the near future. The CDC noted that August 2021 was the most severe month on record for COVID-19 deaths among pregnant people. The virus has been linked to higher maternal death and stillborn rates as well as increased chances of pregnancy complications. The CDC recommends immediate vaccination for all pregnant people and has advised health care professionals to recommend COVID-19 vaccines for pregnant patients. Click here to read the CDC's advisory.

FDA Advisory Panel Recommends Low-Dose Pfizer Shot for Kids Ages 5 to 11

An FDA advisory panel of the voted unanimously in late October to recommend the use of a low-dosage Pfizer vaccine shot for use among children ages 5 to 11. The panel's recommendation will inform the FDA's official decision, which is expected in the coming business days. The U.S. Centers for Disease Control and Prevention (CDC) is expected to make its own determination next during the first week of November. In clinical trials, the children's vaccine showed a 91% efficacy rate at preventing symptomatic COVID-19. Read a detailed report from the Associated Press.

Merck Says New Pill Effectively Treats COVID

On Friday, October 1, drug manufacturer Merck said its newly developed pill to treat COVID-19 greatly reduces hospitalizations and deaths. The pill, which treats active infections as opposed to preventing them like the three available vaccines, was tested on 775 COVID-positive adults. The hospitalization and death rate among the sample was 7.3%, roughly half the rate of those who did not take the drug. Read Merck's full press release. Read a writeup from the Associated Press.

Application Window Closes for Phase 4 ARPA Funds

As a reminder to members, the deadline to apply for federal Provider Relief Funds (PRF) Round 4 and ARP Rural Distribution Application closed October 26, 2021. For providers that have applied, PRF payments are based on changes in operating revenue and expenses between July 1, 2020, and March 31, 2021. These funds can be used back to January 2020 for lost revenues and increased expenses related to COVID not otherwise reimbursed by other funding sources (previous PRF, PPP, etc.). HRSA will compare the previous year's quarters to the submitted quarters (Q3&Q4 of 2020 and Q1 of 2021). Applicants are encouraged to contact the Provider Support Line at (866) 569-3522 with questions.

State COVID-19 Updates and Resources *(More information at coronavirus.ohio.gov)*

American Rescue Plan Funds Available for HCBS Services

During the week of October 18, the governor's office in partnership with the Departments of Medicaid, Aging, Developmental Disabilities, and Mental Health and Addiction Services shared an overview of the initial spending proposal of American Rescue Plan Act (ARPA) funds to support and expand home and community-based services (HCBS). While Ohio does not have a specified behavioral health HCBS waiver program, all community behavioral health services are considered to be "home and community based" in Ohio. As such, there will be resources available for OhioMHAS-certified community behavioral health providers.

ODM submitted an initial spending plan outline to the U.S. Centers for Medicare and Medicaid Services (CMS) in July 2021, and many Council members will remember responding to an HCBS Survey in August seeking feedback on system-wide needs and service gaps. This feedback was used to inform the ARPA HCBS spending plan. CMS recently requested a detailed spending plan be submitted by October 19. This initial proposal was submitted to meet a CMS requirement and will require legislative approval. The administration is working with the legislature to develop legislation to target ARPA fund spending in the near term.

This $964 million ARPA HCBS spending proposal includes expenditures in four specific areas. Summaries of behavioral health-specific funding recommendations are listed below:

- Immediate Provider Workforce Relief: **$469,552,919**. Community behavioral health provider organizations will receive a direct allocation totaling 10% of their 2021 revenue to support immediate needs and workforce capacity. Providers will be required to directly invest these funds for retention/sign-on bonuses. There may be some flexibility to invest in technology (EHR) to reduce workforce burden. ODM anticipates making payments before March 2022.
- Workforce Support – Sustain and Expand: **$230,000,000**. State-level, coordinated campaign and coordination of initiatives; scholarship and paid internship programs for colleges and universities; short-term internship investment opportunities administered by community behavioral health organizations with required commitments for individuals using these internship funds; expanded residency and fellowship programs for behavioral health and others; support colleges and universities in expanding distance learning opportunities.
- Technology Enhancements: **$55,000,000**. Expand use of HIE; strengthen assessment practices for specialized recovery support program (SRS); expand use of technology and telehealth for new/expanded SRS services; implement school-based health center telehealth supports.
- Other Program and System Enhancements: **$206,500,000**. Support development of a full behavioral health crisis continuum; explore potential new or expanded behavioral health services and engage a third party to evaluate potential gaps in the current BH service array; engage consultants to support robust stakeholder discussion regarding future considerations for MyCare Ohio; ODM provided funding for options counselors at hospital discharge to facilitate community integration and most appropriate settings of choice for people with SMI and/or developmental disabilities.

There are many additional funding recommendations that will support people with developmental disabilities, older adults, and people with other disabilities who rely on long-term services and supports. The Ohio Department of Medicaid has made available the ARPA-HCBS PPT stakeholder presentation, the ARPA HCBS Spending Plan Narrative, and the Spending Plan Details. We encourage Ohio Council members to review these materials to understand the full range of funding opportunities.

The Ohio Council welcomes this investment strategy and looks forward to working with the administration and general assembly on this ARPA HCBS Plan. Furthermore, we remind members that the administration has additional ARPA funds to disburse and offset the impact of COVID-19 more broadly. The Council continues to encourage an additional one-time investment in the behavioral health infrastructure—including workforce—and we anticipate any future legislation to distribute ARPA funding would expand beyond these initiatives. The Ohio Council will share details as they become available.

ODH Issues Updated Vaccination Guidance

To support COVID-19 Vaccination Boosters, ODH released updated Guidance for Vaccine Providers Administering Booster Doses in late October that walks through the details for booster dosing for Pfizer-BioNTech, Moderna, and Johnson & Johnson. The Moderna booster is a half-dose—whether used as a booster for initial Moderna recipients or those whose first round was with other vaccines. People seeking COVID-19 boosters are encouraged to find a provider and schedule an appointment online at gettheshot.coronavirus.ohio.gov or by calling 833- 427-5634. Agency leaders who would like to learn more about COVID-19 vaccines can refer to and share the following resources:

- ODH: Get The Shot
- ODH: Myths vs. Facts – COVID-19 Vaccine
- ODH: Vaccine Communications Resources Hub
- NIH: Q&A About COVID-19 Variants
- NIH: Vaccine Info, Videos and Social Media Assets

Registration Open for Ohio Vax-2-School Program

As of early October, Ohio students ages 12 to 25 can be registered to take part in the state's Vax-2-School scholarship lottery. Entrants who can provide proof of COVID-19 vaccination can win one of 150 $10,000 scholarships or one of five $100,000 scholarships. The scholarships are valid at any Ohio college, university, technical/trade school, or career program. Read the full release from the Ohio Department of Health. The Ohio Council encourages your organization to share this incentive program with staff, parents, and young adults in your conversations about the vaccination opportunities.

Telehealth and Billing

ODM Telehealth Rule Requirement Reminder

The Ohio Department of Medicaid (ODM) telehealth rule, 5160-1-18, was made permanent on November 15, 2020. As a reminder, paragraph C(4) states "for practitioners who render services to an individual through telehealth for a period longer than twelve consecutive months, the telehealth practice or practitioner is expected to conduct at least one in-person annual visit or refer the individual to a practitioner or their usual source of clinical care that is not an emergency department for an in-person annual visit."

As we approach the one-year anniversary of the ODM telehealth rule, note that the requirement can be met by any provider in your organization seeing the client in person OR by referral. Documenting referral to their usual source of clinical care meets the requirement. For example, one could refer a person to see their primary care provider for an annual in-person visit. If you or your agency has had clients who have been receiving telehealth services since the rule's effective date last November, you/your agency should have

documentation of an in-person visit or referral to an in-person visit with another non-emergency practitioner by November 15, 2021. Additionally, it is important to note the language used in this paragraph indicates the practice or practitioner is "expected to" (not required to). If a good-faith effort has been made to meet this requirement, documenting this in client records should be satisfactory.

Non-COVID Policy and Resource Updates

Federal Updates and Resources

SAMHSA Releases 2020 National Survey on Drug Use and Health

In the final week of October, the Substance Abuse and Mental Health Services Administration (SAMHSA) released findings from the 2020 National Survey on Drug Use and Health (NSDUH). Americans responding to the NSDUH survey reported that the coronavirus outbreak adversely impacted their mental health, including by exacerbating use of alcohol or drugs among people who had used drugs in the past year.

Based on data collected nationally from October to December 2020, it is estimated that 25.9 million past-year users of alcohol and 10.9 million past-year users of drugs other than alcohol reported they were using these substances "a little more or much more" than they did before the COVID-19 pandemic began. During that same time, youths ages 12 to 17 who had a past-year major depressive episode (MDE) reported they were more likely than those without a past-year MDE to feel that the COVID-19 pandemic negatively affected their mental health "quite a bit or a lot." Adults 18 or older who had any mental illness (AMI) or serious mental illness (SMI) in the past year were more likely than adults without mental illness to report that the pandemic negatively affected their mental health "quite a bit or a lot."

The 2020 data also estimate that 4.9% of adults aged 18 or older had serious thoughts of suicide, 1.3% made a suicide plan, and 0.5% attempted suicide in the past year. These findings vary by race and ethnicity, with people of mixed ethnicity reporting higher rates of serious thoughts of suicide. Click here to read the full press release from SAMHSA. Read the full NSDUH report.

U.S. HHS Releases New Overdose Prevention Strategy

On October 27, HHS released the new HHS Overdose Prevention Strategy designed to increase access to the full range of care and services for people who use substances that cause overdose and their families. This new strategy focuses on the multiple substances involved in overdose and the diverse treatment approaches for substance use disorder.

The new strategy prioritizes four key target areas—primary prevention, harm reduction, evidence-based treatment, and recovery support. It addresses health equity for underserved populations, using best available data and evidence to inform policy and actions, integrating substance use disorder services into other types of health care and social services, and reducing stigma. It also recognizes that the full continuum of integrated care and services are needed to help prevent substance use, expand quality treatment, and sustain recovery from substance use disorders. The strategy also breaks new ground by providing coordinated, federal support for harm reduction, including availability of fentanyl test strips and syringe exchange programs and recovery supports, including peers and peer recovery centers. Read the full release.

U.S. Department of Education Overhauls Public Service Loan Forgiveness Program

On October 6, the U.S. Department of Education (U.S. DOE) announced a set of actions that, over the coming months, will restore the promise of the Public Service Loan Forgiveness Program (PSLF). The department will offer a time-limited waiver so that student borrowers can count payments from all federal loan programs or repayment plans toward forgiveness. This includes loan types and payment plans that were not previously eligible. The waiver will run through October 31, 2022. That means borrowers who need to consolidate will have to submit a consolidation application by that date. Similarly, borrowers will need to submit a PSLF form—the single application used for a review of employment certification, payment counts, and processing of forgiveness—on or before October 31, 2022, to have previously ineligible payments counted.

The DOE recommends borrowers take this action through the online PSLF Help Tool, which is available at StudentAid.gov/PSLF. Employer eligibility depends on employer status and not the work done for the employer. Qualifying employers include governmental employers and many not-for-profit organizations. Eligible not-for-profit organizations include: (1) an organization that is tax-exempt under section 501(c)(3) of the Internal Revenue Code, and (2) an organization that is not tax-exempt under section 501(c)(3) of the Internal Revenue Code but that provides a qualifying service.

A non-profit organization that is not exempt under section 501(c)(3) of the Internal Revenue Code must provide one of the following public services: Emergency management; military service: service on behalf of the U.S. armed forces or the national guard; public safety; law enforcement: crime prevention, control or reduction of crime, or the enforcement of criminal law; public interest law services: legal services provided by an organization that is funded in whole or in part by a U.S. federal, state, local, or tribal government; early childhood education: includes licensed or regulated childcare, Head Start, and state-funded prekindergarten; Public service for individuals with disabilities and the elderly; ***Public health****: includes nurses, nurse practitioners, nurses in a clinical setting, and other full-time professionals engaged in health care practitioner occupations (Bureau of Labor Statistics SOC Code Series 29-1000 – which includes psychiatrists, nurse practitioners, and physicians assistants), health support occupations (Bureau of Labor Statistics SOC Code Series 31-0000), and certain community and social service occupations (Bureau of Labor Statistics SOC Code Series 21-1000 which includes counselors, social workers and other community and social service specialists)*; Public education; Public library services; School library services; Other school-based services.

While the DOE is expected to release additional information and regulatory updates soon, the department has indicated an intent to pursue opportunities to automate PSLF eligibility, give borrowers a way to get errors corrected, and make it easier for members of the military to get credit toward forgiveness while they serve. DOE will pair these changes with an expanded communications campaign to make sure affected borrowers learn about these opportunities and encourage them to apply. And, finally, DOE will make long-term Improvements to PSLF through rulemaking. In addition to the executive actions described above, DOE's regulatory proposal includes changes that would make it easier for borrowers to make progress toward forgiveness, including simplifying qualifying payment rules and allowing certain types of deferments and forbearances to count toward PSLF.

National Council Hill Day at Home 2021 Report

On Tuesday, October 19, 2021, more than 800 behavioral health advocates logged on to join the National Council's virtual Hill Day policy institute and participate in a series of legislative outreach efforts that resulted in 1,550 messages to 249 members of Congress. If you missed Hill Day at Home, you can still register to view the content here and send a message to your legislator. The event focused on the following key issues:

CCBHCs: Achieving Nationwide Expansion and Adoption
Certified Community Behavioral Health Clinics (CCBHCs) provide critical care for individuals living with mental health and substance use challenges. The Excellence in Mental Health and Addiction Treatment Act (S. 2069/H.R. 4323) would give every state the opportunity to participate in the CCBHC demonstration program and authorize monies for Substance Abuse and Mental Health Services Administration (SAMHSA) CCBHC Expansion Grants, which help provider organizations adopt the CCBHC model and prepare for CCBHC implementation efforts.

Addressing the Workforce Shortage in America
Expanding the Medicare workforce to include marriage and family therapists (MFTs), licensed mental health counselors (LMHCs), and peer supports specialists will dramatically expand access to lifesaving care for Medicare beneficiaries. Two key pieces of legislation aim to immediately expand access to invaluable mental health and substance use care: 1) the Mental Health Access Improvement Act (S. 828/H.R. 432) would add an estimated 225,000 providers to the Medicare workforce by allowing MFTs and LMHCs to be reimbursed by Medicare, and; 2) the Promoting Effective and Empowering Recovery Services (PEERS) Acts (S.2144/H.R. 2767) would allow for the participation of peer support specialists in Medicare.

Fulfilling the Promise of 988
With a July 2022 launch date for 988 fast approaching, significant investments are needed to improve and expand the suicide prevention, mental health, and substance use crisis care continuum. Last September, Congress passed the National Suicide Hotline Designation Act (S. 2661/H.R. 4194), which created a three-digit dialing code (988) for the National Suicide Prevention Lifeline. 988 will serve as the main connection point between suicide prevention, mental health, and substance use crisis response services.

Curbing the Nation's Substance Use Crisis
More than 93,000 people lost their lives to drug overdoses in 2020, a 20% increase from 2019. Curbing the nation's overdose epidemic requires removing regulatory hurdles to medication-assisted treatment (MAT), standardizing prescriber education practices, and expanding access to care for the most vulnerable in our communities. Three bills are currently being considered by Congress, and, if passed, would expand access to treatment services and bolster the workforce: the Mainstreaming Addiction treatment (MAT) Act (S.45/H.R. 1384), the Medication Access and Training Expansion (MATE) Act (S.2235/H.R. 1384), and the Medicaid Reentry Act (S.285/H.R.955).

National Council Releases Behavioral Health Workforce Data for U.S.

On October 7, The National Council for Mental Wellbeing released a report on the state of the behavioral health workforce. More than three-quarters (78%) of mental health and substance use treatment organizations reported increased demand for services over the past three months. While demand grows, workforce shortages have made it increasingly difficult for mental health and substance use treatment organizations to keep up with demand. Recruiting and retaining employees is the primary barrier organizations face, with 97% saying it has been difficult to recruit employees and 78% of them saying it is "very difficult." Increased demand and limited workforce is causing patient waitlist to grow. Three in five (62%) organizations report their patient waitlist has grown over the past 3 months, a 17% increase since February 2021.

Organizations report having trouble recruiting and retaining employees. Nearly all organizations surveyed (97%) report it has been difficult to recruit employees, including 78% who say it has been very difficult. In an open-ended question, organizations reported that the main obstacles they're facing recruiting employees include a lack of applicants overall (and specifically a lack of qualified applicants) along with being able to

offer a competitive salary and burnout from COVID-19. When asked about short-term policy solutions to meet increased demand, organizations reference additional funding to hire qualified staff, continuing to offer telehealth services, updating reimbursement rates, and reducing the amount of paperwork/regulation that causes a burden to staff.

Legal Action Center Issues Recommendations to Modernize Medicare for SUD

Earlier this month, the Legal Action Center (LAC) issued a report and set of recommendations aimed at enhancing SUD care for Medicare beneficiaries. Currently, Medicare's coverage of SUD treatment is limited and out of sync with the modern system of care delivery. This contributes to over 1.5 million Medicare beneficiaries not getting the treatment they need. According to the LAC report, the most significant gaps in Medicare's coverage of SUD are: missing services, missing settings, missing providers, and lack of parity/anti-discrimination protections. LAC recommends that congress and CMS modernize Medicare to deliver evidence-based SUD care to all beneficiaries using their respective authority. Medicare must cover the full SUD continuum of care, authorize the full range of addiction practitioners and treatment facilities, and be subject to the Parity Act.

CCBHC Model, Programs Making an Impact on Service Delivery

The National Council for Mental Wellbeing recently released several reports that document how the innovative and integrated Certified Community Behavioral Health Center (CCHBC) model is impacting service delivery across the county. CCBHCs are proving to be critical solution to help build additional infrastructure and capacity to address our nation's mental health and substance use crises and workforce challenges. With recent federal and state investment, the CCBHC program has grown significantly since 2017 with more than 430 CCBHCs now operating in 42 states, Washington, D.C., and Guam. In Ohio, there are 15 organizations developing CCBHCs through SAMHSA CCBHC Expansion Grants. We encourage you to read and share the following reports to learn more about the progress of the CCBHC model in Ohio:

- "Leading a Bold Shift in Mental Health & Substance Use Care," (May 2021) highlights the community impacts CCBHCs are reporting as a result of the model.
- "Transforming State Behavioral Health Systems" (October 2021) highlights findings on the impact of the CCBHC model through surveys and interviews with state CCBHC program directors in the eight original demonstration states. State officials reported that over the full lifespan of the program, the CCBHC model lowers costs, improves outcomes, and contributes to building critical mental health and substance use care system capacity.
- "Certified Community Behavioral Health Clinics and the Justice Systems" (September 2021) identifies how the CCBHC model provides a mechanism to coordinate with police and law enforcement to deliver – and often pay for – mental health and substance use services for justice-involved individuals.

October 2021 Congressional Update

Federal programs and services continue to operate under a short-term continuing resolution (CR) through early December. Congressional leaders from the U.S. House and Senate are currently negotiating the federal fiscal year appropriations bills that fund the various federal programs, including the HHS-Education-Labor spending bill that contains most of the funding directed toward Medicaid and SAMHSA resources. Congressional Democrats are also busy working with the Biden administration to reach an agreement on a series of legislative packages that would authorize new infrastructure investments; human services and

environmental resources; and address the debt-ceiling limits—a feature of the Treasury Department that sets the legal limit on the total amount of federal debt the government can accrue and pay down. Time is running short to reach a consensus and pass any legislative packages before the holidays arrive and congress recesses and members return to their districts.

State Updates and Resources

OhioMHAS Presents Findings on State-Level BH Workforce Data

On October 21, the OhioMHAS hosted a webinar and presented slides to share a report of state-level data related to behavioral health workforce supply and demand. OhioMHAS utilized the InnovateOhio Platform (IOP) Data and Analytics team to assess the behavioral landscape in Ohio from calendar year 2013-2019. Different factors that were assessed include geography, practitioner types, and patient demographics to identify where variants in workforce supply and demand exist. The goal of this project was to identify strategies to reduce the gaps in behavioral health, in order to best serve Ohioans most in need of these services. Key observations from this report include:

- Demand for BH services increased 353% from 2013 to 2019 with an average annual increase of 29%.
- Mental health services account for 52% of the total behavioral health demand in Ohio.
- Demand for substance use disorder services increased sharply in CY2018, correlating to a decrease in opioid overdose deaths and the introduction of new SUD services related to BH redesign.
- Demand correlates with population. There are regions, however, such as the Southeast Ohio counties, that show above-normal demand.
- Demand for behavioral health services provided by nurse practitioners and physicians has increased since the behavioral health redesign.
- Community behavioral health centers are the most common facility type for services.
- In adults, two-thirds of the demand is for SUD services.

In regard to Ohio's mental health and addiction services workforce, the team learned:

- The behavioral health workforce increased significantly from CY2013-2019 with a 174% increase over this time, averaging 36% growth per year.
- The supply of chemical dependency counselors is increasing most rapidly at a yearly average of 61%.
- As of 2019, social workers made up the largest portion of licensed professionals at 31%. Just 7% of the population is made up of physicians.
- The behavioral health workforce is generally concentrated in densely populated counties with less populated counties displaying lower numbers of practitioners per 10,000 residents.
- Nursing degrees are increasing most rapidly year over year at an average of 54%, whereas physician related degrees increased 12%.
- Nearly half of the behavioral health workforce—44%—is between 25 and 34 years of age.
- Only Cuyahoga, Franklin, and Allen Counties show a surplus of practitioners. All others show a workforce deficit.

The Ohio Council will be releasing a workforce survey to our membership next week to gather more current data and to compare Ohio providers to the national data provided by the National Council survey. We will send our survey request by email and appreciate your input.

Aetna Shares OhioRISE Network Provider Application Packet

Aetna Better Health of Ohio has provided The Ohio Council with a complete, ODM-approved provider network application packet for agencies for organization to become network providers with the OhioRISE program. Links to the OhioRISE recruitment letter and all approved documents and forms are provided below. Aetna has also conducted trainings with their network development team and external contracted vendors to ensure that providers are now receiving this packet of information. Please use these forms and documents to engage in contracting with Aetna for the OhioRISE program. Questions and the completed OhioRISE contract package may be sent to OHRISE-Network@aetna.com.

OhioRISE Application Packet Materials:

- OhioRISE Recruitment Letter
- OhioRISE Contracting Instructions
- Aetna Medicaid Provider Agreement
- Aetna State Compliance Addendum
- ODM Form 10235 - Medicaid Addendum
- ODM Form B Standardized Credentialing Form
- ODM Form 10234 – Services Provided, Attachment C
- W-9
- Universal Roster Blank Template Form
- Aetna Consolidated Ancillary Facility Data Application
- Disclosure of Ownership & Controlling Interest Worksheet
- Electronic Funds Transfers (EFT) Form
- Electronic Remittance Advice (ERA) Form

Aetna CME Application Available Now, Due December 8

On October 18, Aetna released the Care Management Entity (CME) application for organizations interested in applying to provide care coordination for children and youth enrolled in the OhioRISE program. The CME will be responsible for providing Tier 2 (MCC) and Tier 3 (ICC) care coordination using a high-fidelity wraparound model. As part of the process, Aetna hosted three Bidders Conferences to review the role and functions of the CME and review the application material. The materials can be found on the Aetna CME RFA landing page and are linked below.

- Bidders Conference PPT Presentation
- CME RFA
- CME RFA Appendix
- Draft Care Management Provider Agreement
- RFA FAQ Responses (10/25/21, to be updated 11/5/21)
- Annual Assignment Projections by County (NEW)
- Draft ODM Care Coordination Rule

With the release of the RFA, there were some significant changes included in the RFA Bidders Conference and reflected in the RFA and Powerpoint presentation. Ohio Council members should be aware that:

- CME Catchment areas have been modified to 20. Franklin County is now divided into two catchment areas rather than three. Additionally, Aetna will be using ZIP codes to assign youth and families to CME catchment areas based on ZIP codes in Cuyahoga, Franklin, and Hamilton Counties. *The estimated enrollment for each catchment area is only for youth expected to need Tier 2 (MCC) and Tier 3 (ICC) levels of care coordination.* Slides 12-15 discuss the updated CME Catchment Areas.

- ODM and Aetna anticipate that of the 60,000 youth expected to be enrolled in OhioRISE, 50-60% will receive Tier 2 (MCC) and 15-25% will receive Tier 3 (ICC). Aetna anticipates that approximately 20% will receive Limited care coordination or Tier 1 care coordination provided by Aetna. (Slide 17)
- The presentation emphasized the importance of youth and family engagement and choice in identification of needs and supports – clinical/medically necessary services are important, but the CME is expected to be fully engaged in identifying and engaging natural and community supports to meet the needs identified by the youth and family that are also culturally and developmentally appropriate. (Slides 17, 23-24)
- Conflict-free referrals will remain an essential to the integrity of HiFi wraparound, but the 25% limitation on referral to the parent organization has been removed. Providers will need to demonstrate clear separation and firewalls between care coordination and other services through policies and procedures that will be reviewed and approved by OhioRISE. Aetna will carefully monitor this area to ensure family and youth voice are respected and acted upon. (Slide 25)

Timelines: Below are the key dates for the CME RFA. Questions about the CME application process can be directed to CMEapplication@AETNA.com.

- **October 29**: Deadline for interested applicants to submit questions about the RFA or RFA materials. Submit questions to CMEapplication@AETNA.com and include Question, your organization's name and the catchment area(s) for which you are applying in the subject line (e.g. *Question_Organization Name_CatchmentArea*).
- **November 5**: Aetna will post responses to all RFA Questions. An initial FAQ is posted for review.
- **December 8**: CME Application due by 5:00 PM. Completed applications are submitted to CMEapplication@AETNA.com and include CME application, your organization's name and the catchment area for which you are applying in the subject line (e.g. *CME Application_Organization Name_CatchmentArea*). Applications are specific to each CME catchment area – so if your organization is applying to serve more than one catchment area, you will need to submit multiple applications.
- **January 19, 2022**: Anticipated announcement of CME selection.

ODM Announces $25 Million in OhioRISE Transition Grants

The Ohio Department of Medicaid announced on Tuesday, October 26, that it will offer $25 million in grants to "expedite readiness and support the transition to OhioRISE." Two new types of Medicaid providers, Care Management Entities (CMEs) and Mobile Response and Stabilization Services (MRSS) providers, will be offered grant opportunities to support workforce and organizational development so they can serve future OhioRISE enrollees. Aetna Better Health of Ohio will administer the grants in support of the following goals:

- Launching CMEs and Initiating Care Coordination Services for Priority Populations; and
- Maintaining and Expanding Access to Mobile Response and Stabilization Services**.**

ODM and Aetna will communicate about the grant processes and timelines in the coming months. Following grantmaking activities, Aetna will actively support the grantees in their start-up work. While building relationships with CME and MRSS providers, Aetna will assist with building the system of care across the state. As noted in the story above, Aetna released its CME request for applications (RFA) on October 18; the RFA is available on Aetna's website and applications are due by December 8, 2021. CMEs will need to establish their contracts with Aetna to access Transition Grant funding. For members' reference, additional

background information about the OhioRISE program can be found on the OhioRISE page of the Ohio Medicaid Managed Care Procurement website. If you have any questions, please reach out to OhioRISE@medicaid.gov.

ODM Releases Interim Billing Guidance on CANS Assessments

In early October, ODM released Interim Billing Guidance on CANS Assessment to support implementation of QRTP under Family First Prevention Services Act. The document describes how the CANS is currently used, identifies a subset of Medicaid covered behavioral health services that can be utilized for CANS completion until OhioRISE services are implemented, and discusses minimum documentation requirements that must be met to support medical necessity.

As presented, psychiatric diagnostic assessment, TBS, CPST, and SUD case management services are options for billing when completing the CANS. It is important to note that a provider organization is *not* required to complete a diagnostic assessment to provide the QRTP CANS assessment for level-of-care review when that is the only service being requested. Under that circumstance, providers would still need to include a billing diagnosis, which could come from records or reports provided by the youth, family, or other involved care team member; documentation of clinical supervision of unlicensed or dependent practitioners; and then documentation of the CANS in the individual client record in accordance with OAC 5122-27-02.

When the QRTP level-of-care assessment using the CANS is being completed on a person who is actively engaged in treatment with the organization, the ITP would be updated to reflect the new service and impartial practitioner conducting the CANS. ODM has not provided additional guidance on use of the CANS decision support model as that is currently addressed through the ODJFS QRTP Regional Meeting FAQ document previously shared.

ODM Announces November Training Dates for CANS Assessors

The Ohio Department of Medicaid has released November 2021 training dates for Child and Adolescent Needs and Strengths (CANS) assessors. The training dates for next month are as follows:

Training Type	Date	Time
TCOM	11/1/2021	9:00 — 12:30 PM EST
CANS	11/2/2021	9:00 — 12:30 PM EST
CANS	11/3/2021	1:00 — 4:30 PM EST
Booster	11/4/2021	9:00 — 11:30 PM EST
TCOM	11/8/2021	9:00 — 12:30 PM EST
CANS	11/8/2021	1:00 — 4:30 PM EST
Booster	11/9/2021	1:00 — 3:30 PM EST
CANS	11/10/2021	9:00 — 12:30 PM EST
TCOM	11/15/2021	9:00 — 12:30 PM EST
CANS	11/16/2021	1:00 — 4:30 PM EST
Booster	11/17/2021	1:00 — 3:30 PM EST
CANS	11/18/2021	9:00 — 12:30 PM EST
TCOM	11/29/2021	9:00 — 12:30 PM EST
CANS	11/30/2021	9:00 — 12:30 PM EST

Please refer to the CANS Training FAQ, CANS Training Registration Guide, and CANS Training Enrollment Guide for information on how to register and enroll for the CANS training. Additional training dates will be announced prior to each month before the start date of OhioRISE. support@tcomtraining.com. For any additional questions, please contact OhioRISE@Medicaid.Ohio.gov.

OhioMHAS 988 Draft Implementation Plan

On October 1, OhioMHAS released the Draft 988 Implementation Plan and executive summary. MHAS and stakeholders will continue to develop this plan in the coming months and submit a final 988 Implementation plan to Vibrant on Jan. 31, 2022.

At the federal level, congress passed a bill in 2020 that requires all states to transition from the 10-digit National Suicide Prevention Lifeline (NSPL) number to a three-digit 988 number by July 16, 2022. The Ohio Department of Mental Health and Addiction Services (MHAS) brought together a group of interested stakeholders, including The Ohio Council, to serve as the 988 Planning Committee and develop a plan for how 988 will serve as a front door to the state's crisis care system. Ohio's 988 Implementation Overview is available here.

OhioMHAS received a grant from Vibrant Emotional Health, which manages the NSPL, and the Substance Abuse and Mental Health Services Administration to work with Ohio's existing NSPL call centers and other stakeholders to conduct a needs assessment, discuss technology, economic impact analysis and benchmark a system of care that will grow over the coming years as awareness of 988 increases. If you have questions or feedback about the Draft plan, please share it with Soley Hernandez. Additionally, we are continuing to monitor potential legislation related to 988 and will share updates with members as they emerge.

Ohio's Crisis Services Task Force Meeting Update

The Ohio Crisis Services Task Force led by OhioMHAS met the final week of October to discuss the plans for identifying the gaps in Ohio's crisis services continuum. OhioMHAS is working with consultants from HealthCare Perspectives (HCP) and Zia Partners to conduct data gathering on the crisis services in Ohio through a survey that was distributed to the county ADAMH boards this week with a deadline of November 19. HCP and Zia held focus groups with boards and individual meetings with providers to discuss the services currently being provided in order to develop interim definitions of crisis services as a starting point for the survey. The intent is to change these definitions as information from the survey fully informs the services that are being provided across the state and identify gaps in the continuum. Boards have been tasked with gathering the data by working collaboratively with all providers of crisis services in their area regardless of if the provider is contracted with the board. We are encouraging all providers to participate in this data gathering process with the boards to ensure that the full picture of crisis services is captured in the survey.

Notably, the definition of crisis services is inclusive of mental health and substance use needs and the interim definitions are intentionally broad to include all types of services being provided. The survey will also consider funding sources to provide an understanding of the current funding structure of crisis services and help with the development of future policy needs and additional funding sources.

We are sharing a copy of the survey tool here, but please note that *providers will not complete this document*. The *boards* are responsible for gathering the information and completing this survey tool. Please review this survey tool and gather the information on the services you provide. Your local county ADAMH board should be reaching out to you for this information whether you are contracted with them or not. If

you do not hear from your board as the November 19 deadline approaches, we encourage you to reach out to the board to discuss this survey and your crisis services. Webinars on the survey tool were developed to help with completion of the tool so there is a baseline understanding of the definitions and questions. The webinar has been divide into two parts: Webinar Part 1, Webinar Part 2.

Additionally, the Crisis Services Task Force will be developing new subcommittees in the following areas:

- **Respond**: Addressing services that reflect initial response to a crisis including mobile response and walk-in services.
- **Stabilize/Thrive:** Addressing services that reflect stabilization after the initial response and connection to community, such as CSUs, inpatient, outpatient.
- **Community Crisis Coordinatio**n: Addressing how to have ADAMHS Boards, providers, Medicaid MCOs, law enforcement, health systems, insurers, people with lived experience, schools and other partners work collaboratively in each community to coordinate an effective crisis continuum.
- **Performance Metrics and Data:** Discussing what are the best performance metrics by evaluating crisis system performance at the community level.
- **Financing the Continuum:** Discussing how state funds, Medicaid, commercial payers, local levies, hospital and health system dollars, federal funds, foundation dollars and more are best coordinated to support a financial structure that can be the underpinning for the Vision for a Crisis Continuum.

Providers will be included in these subcommittees, but there will be limited availability for participation. If you are interested in participating in a committee, please reach out to Ohio Council Associate Director Soley Hernandez and include the committee(s) for which you would like to be recommended for consideration.

OSU Study: Naloxone Does Not Encourage Heroin Use

Hannah News Service reported on new research out of Ohio State University (OSU) that suggests that access to naloxone, a medication used to reverse an opioid overdose, does not make people see drug use as safer. Naloxone is so effective at saving the lives of opioid overdose victims that it raised concerns drug users might be inclined to think heroin and related drugs are no longer risky, researchers said. However, the study found increased access to naloxone did not lead Americans, even active drug users, to think heroin was less risky, the findings showed. Naloxone is a prescription medication that rapidly reverses an opioid overdose by restoring normal breathing in an overdose victim whose breathing has slowed or stopped. The medication has no effect on people who don't have opioids in their systems, so it is safe to use and is available in a nasal spray, making it easy to administer.

The researchers used data from the National Survey on Drug Use and Health, conducted yearly by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA). They used data from 2004 to 2016, which included 884,800 respondents aged 12 and older. Participants were asked to rate how risky they thought any heroin use was on a four-point scale from "none" to "great risk." They were also asked how risky they thought regular heroin use was, on the same scale. The researchers matched people's responses to the naloxone laws in the state and counties where they lived. During the period of the study, most states expanded access to naloxone beyond health care professionals to other first responders, pain patients and, in many cases, the general public. Per the report, in 2013, only eight states had expanded access, but by 2017, 47 states had implemented naloxone access laws. However, the researchers noted some politicians and others have opposed the laws, saying they would lead drug users to no longer fear using heroin or other drugs and may even encourage young people to start using. But this study found that people's perceptions of the risks of heroin were similar in all cases.

Those living in places that mandated easy access to naloxone believed heroin was as risky as those living in areas that restricted its use. Those who used drugs, including heroin, didn't think heroin use was less risky if they lived in areas with easy access to naloxone. Gender, socioeconomic status and race and ethnicity also had no effect. And young people's risk perceptions didn't change depending on the laws where they lived. "That suggests naloxone access laws aren't encouraging young people to try heroin because they think it is less risky," the research team said. The report suggests the fears that naloxone access will lead to more drug use mirror the related concerns that needle exchange programs—designed to stop the spread of diseases among intravenous drug users who shared needles—would do the same thing. "There was no evidence that these needle exchange programs led to more drug use and our study suggests that naloxone access also won't lead to more drug use."

Ohio Recovery Housing Conducting 2021 Capacity Survey

Ohio Recovery Housing is conducting an electronic survey to gain a better understanding of emerging needs in the State of Ohio for recovery housing. The survey will gather information on recovery housing resources, needs, and barriers to access. The final dataset will be used to advocate for resources in high-needs areas. Recovery housing operators, community organizations, treatment providers, and ADAMH boards are invited to take part. Survey respondents will be entered into a drawing for a $100 VISA gift card. The response deadline is October 31, 2021. The survey should take no more than 15 minutes to complete. Click here to take the survey.

Occumetrics Workforce Assessment Opportunity

Through a grant from OhioMHAS, provider organizations have free access to Occumetrics, Mental Health America of Ohio's data-driven workplace wellbeing assessment. Since 2016, Occumetrics has helped BH leaders determine what is driving turnover and what employees need to feel engaged, connected, and satisfied at work. Over the course of eight to 10 weeks, Occumetrics staff conduct an agency-wide, anonymous survey and focus groups to hear the current state of the organization. They then provide leadership with a tailored report of quantitative and qualitative findings and make short- and long-term recommendations that are most likely to increase retention and job satisfaction. The BH workforce has more employment options than ever before. Occumetrics discovers what will make your employees stay. Only three spots remain for SFY 2022, so please respond quickly to register for this free and confidential leadership tool. While Appalachian region agencies are encouraged to apply in particular, all agencies are welcome to email Brandi Allen at ballen@mhaohio.org for more information.

Ohio General Assembly Update

Members of the Ohio General Assembly continue to meet in hopes of completing work on a host of priority measures prior to breaking for the end of the year. House and Senate leaders are constitutionally required to draw new state and congressional redistricting maps, although it appears the Ohio Supreme Court will be forced to weigh in on the map-drawing process. While legislation forbidding vaccine mandates appears to have been sidelined, other bills continue to advance through the legislative process focused on the following important issues: telehealth; sports gambling, occupational licensing compacts; and regulatory relief.

Trainings, Conferences, and Events

Registration Still Open for Final 2 Days of The Ohio Council's Annual Conference

There is still time to register for the final two days of The Ohio Council's 2021 Annual Conference, which will take place on Friday November 5, and Friday, November 12. For full details, pricing, and registration links, visit conference.theohiocouncil.org. Registration for each day closes at 9 a.m. on the date of the event.

Virtual enCompass Training Nov. 9 to Provide Intro to SUD treatment

RecoveryOhio, the Addiction Policy Forum, and OhioMHAS will hold a one-day virtual training to help family and community members learn about addiction and substance use disorder treatment. The enCompass training will take place on Tuesday, November 9, from 8 a.m. to 4 p.m. Attendees will learn the signs of addiction, ways of starting conversations with struggling loved ones, tools for accessing assessments and supports, and more. The training is intended to be an introduction to addiction for lay-people (i.e. families, community members, etc.). Remarks will be delivered by Ohio Governor Mike DeWine. Click here for more information. Register for the enCompass training here.

SUD Suicide Risk Workshop to be Held November 18

The Ohio Suicide Prevention Foundation is hosting an in-person workshop designed to train SUD providers on how to recognize and assess suicide risk, plan for client safety, and manage the ongoing care of at-risk clients. The training is scheduled for Thursday, November 18, from 9 a.m. to 5 p.m. in Portsmouth, Ohio. The training is free, but there is a $15 fee for lunch. Registration is limited to 40 attendees, and you must register by November 11. CEUs are available. For event details, click here.

Reminder: Final 3 MRSS Core Trainings to Take Place in November, December

The final three sessions of Case Western Reserve University's fall Mobile Response and Stabilization Services (MRSS) core training will take place on November 10, December 1, and December 2. These trainings will meet the requirements for the OhioMHAS' new MRSS rule and will be offered several times throughout the next year. See the link above for dates/times and registration information.

Speaking Proposals Sought for 2022 Problem Gambling Conference

Organizers of the 19th Annual Ohio Problem Gambling Conference are now seeking presentation proposals for the 2022 event, which will be held **virtually on January 25 and 27, 2022,** and **in-person on February 24, 2022.** Click here to submit a presentation proposal. Proposals are due November 1, 2021. The in-person portion of the event will take place at the Nationwide Hotel and Conference Center in Lewis Center, Ohio. The conference is coordinated by PGNO and hosted by Ohio for Responsible Gambling.

Registration Now Open for National Council's NatCon22

Registration is open now for the National Council's NatCon22, a three-day, in-person convention of behavioral health providers that will take place in Washington, D.C. Next year's event will take place Monday, April 11, through Wednesday, April 13 at the Gaylord National Resort & Convention Center. Click here for full event information, including links to register and book lodgings for the dates of the conference.