



Center of Excellence Overview Webinar Questions and Answers April 7, 2021

1. How will cultural competence and equity be incorporated into the work of the COE?

Strategies for culturally responsive and socially equitable services will be incorporated into all aspects of the COE work and mission, including trainings, technical assistance, and learning communities.

2. Is there a comprehensive plan to increase the behavioral health workforce commensurate with the additional programming that will not simply draw from existing service systems?

Developing workforce capacity is an important part of Ohio's strategy. The COE will work with the state on developing additional strategies to increase the behavioral health workforce. The main focus of the COE is workforce development through training, coaching and technical assistance. This will be a theme of our work moving forward, including supporting the existing workforce. The state has a focus on building the workforce, recruitment, and retention.

3. Will these services be available without charge or will agencies need to pay for services from the Center of Excellence?

The goal is to maximize and leverage the COE, in conjunction with the state agencies, to minimize the expense to the provider agencies.

4. Will the Ohio CANS be utilized?

The state of Ohio is working with the Praed Foundation - developers of the CANS - to create a new version of the CANS that will be used across our systems. More information about the development of the new version of the CANS and the current work underway to test the new tool can be found at <https://managedcare.medicaid.ohio.gov/wps/portal/gov/manc/managed-care/ohiorise/>. Click on "Advisory Council and Workgroup Meetings," then click on the "CANS and Care Coordination Workgroup" links to see slides containing information about the CANS development and testing.

5. How will the COE affect the local Family and Children First Council's (FCFC)?

Ohio FCFC is a part of the shared governance structure of the Center of Excellence.

6. How will the COE impact other areas of the state? Will this be expected to be used as a model?

The COE is a statewide contract and will work with all areas of the state. Providers that want to participate are able to participate as they would like.

7. What is being done to expand short term crisis treatment facilities for those high need children who require stabilization due to self harm and/or homicidal threats? In addition, longer term treatment facilities?

By increasing our focus on community-based services, we are hoping to reduce the burden on the crisis and residential facilities. We are currently focusing across systems on building capacity for MRSS and PRTFs with the overarching goal of having a visible and accessible continuum of crisis services and supports.

8. Will DYS be using the CANS?

We are exploring how CANS may be incorporated within DYS and if it is needed. DYS was involved in the Ohio CANS development tools.

9. Will this enhanced training for EB/Trauma Informed services be made available to teachers?

The focus of the COE is to train the behavioral health workforce to provide core behavioral health services.

10. Which specific programs will COE provide training for?

Initial trainings will focus on MRSS, HFWA, MST, FFT and CANS.

11. Do providers have to be trained and licensed by Center of Excellence to provide these services?

The COE does not license or certify providers. Providers must still be compliant with OhioMHAS, Medicaid, and other requirements, including fidelity reviews listed in OAC. The COE is the current designee for fidelity reviews for MRSS, High Fidelity Wraparound, and IHBT. MST, FFT, Healthy Families America, and Parents as Teachers are trained and licensed by their respective EBP entity or certified designee. Each of the listed services have their own specific training requirements.

12. If ICC, MCC, and High Fidelity Wraparound will be part of the core services, what will the role of local FCFCs be in providing Service Coordination moving forward?

Providers of ICC and MCC will be Care Management Entities (CME). The OhioRISE plan will be working to contract with CMEs in the coming months. FCFCs may have opportunities to be a part of and/or contract with CMEs. The qualifications for CMEs are under development.

13. Will staff/ agencies be certified through the training provided by COE?

The COE does not license or certify providers. Providers must still be compliant with OhioMHAS, Medicaid, and other requirements, including fidelity reviews listed in OAC. The COE is the current designee for fidelity reviews for MRSS, High Fidelity Wraparound, and IHBT. MST, FFT, Healthy Families America, and Parents as Teachers are trained and licensed by their respective EBP entity or certified designee. Each of the listed services have their own specific training requirements.

14. Will there be expertise in the culture of Appalachia and how it impacts home based services?

The COE will contract with content experts to train providers on the culture of Appalachia, as well as, the culture of poverty.

15. Are providers aware of that these services will be coming to our community and are they on board with becoming certified?

The state and the COE are promoting awareness of the new initiatives and related service implementation. We are working to share information across our system to increase awareness around the COE and these initiatives.

For example, the COE has provided overviews on MST and FFT to the FFPSA pilot sites and their providers. The COE also has provided an overview on MRSS to OACBHA and its members. However, it is up to each provider's business and clinical model on whether to add additional services.

16. Are MST and FFT the only options for intensive home based treatment? What about MDFT?

No, MST and FFT will not be the only options. IHBT remains an umbrella category of services. You can learn more about the development of IHBT changes (MHAS and ODM) at <https://managedcare.medicaid.ohio.gov/wps/portal/gov/manc/managed-care/ohiorise/>. Click on "Advisory Council and Workgroup Meetings" to see a list of past workgroup meetings - clicking on the name of each one will take you to the slide deck for the meeting.

17. Currently we provide Wraparound through our FCFC, will we need to do this with a provider who can bill Aetna in the future?

For children in OhioRISE, intensive and moderate care coordination will be provided by CMEs and limited care coordination will be provided by Aetna Better Health of Ohio (Aetna). CMEs will be designated by and bill Aetna for care coordination services.

18. Are there definitions for the difference between High and Moderate Intensity Care Coordination?

Information about the development of Medicaid's Intensive and Moderate Care Coordination services can be found on the OhioRISE website: <https://managedcare.medicaid.ohio.gov/wps/portal/gov/manc/managed-care/ohiorise/>. Click on "Advisory Council and Workgroup Meetings" and scroll down to the CANS and Care Coordination workgroup meetings. Clicking on the title of a meeting will open the slide deck used at that meeting. A number of more recent meetings have focused on draft language for ODM's Care Coordination OAC Rule.

19. Will Early Childhood MH services eventually be paid for under OhioRISE?

For children enrolled in OhioRISE, Medicaid behavioral health services will be included.

20. When will trainings be available to agencies that are not in the pilot group for FFPSA?

ODJFS is working on developing a calendar of trainings for counties that are not participating in the pilot.

21. Who are the pilot entities for MST and FFT?

For FFPSA, we are piloting with Fairfield, Licking, Knox, Lucas, Stark, Trumbull, Butler, and Ashtabula's IV-E Court on Prevention Services, including MST and FFT.

22. Is there any funding available for program development to get programs up and running?

The resources of the COE are to provide training, technical assistance, professional development, evaluation, fidelity monitoring, standardized assessment, resource development, and the Family First payment function for MST and FFT.

23. Why is Ohio continuing with IHBT when it isn't on the Title IV-E Clearinghouse?

Ohio has decades of experience providing IHBT. We find this to be a valuable service with a positive base of evidence. The evidence-supported and promising practices listed in OhioRISE (HFWA, MRSS, IHBT, PRTF) were chosen to expand access to a complete continuum of care for youth with complex behavioral health needs and their families. The services included in the Family First Prevention Services plan (MST and FFT) are rated as Well-Supported on the Title IV-E Clearinghouse.

24. Will this replace FCFC service coordination/wraparound in each county?

For children in OhioRISE, intensive and moderate care coordination will be provided by CMEs and limited care coordination will be provided by Aetna Better Health of Ohio (Aetna). CMEs will be designated by and bill Aetna for care coordination services.

25. Will the payment for these named services align with the Medicaid rates? How will MST and wraparound rates be determined?

For Family First Prevention Services, we have chosen to align with Medicaid and OhioMHAS on rules and policies wherever possible, including with Medicaid on rates for MST and FFT.

26. What is the age range? To 18 or higher for late adolescents?

OhioRISE is for children up to age 21. Most services are also up to age 21.

27. Who are the pilot sites?

Fairfield, Licking, Knox, Lucas, Stark, Trumbull, Butler, and Ashtabula's IV-E Court.

28. For agencies that have existing MST and FFT teams, would there be opportunities for training for individuals when team members need to be replaced? For example, when a clinician resigns and there is training needed for an individual therapist would they be able to participate in the pilot program trainings?

Training for new MST and FFT therapists must follow existing guidelines and protocols for MST and FFT respectively. Replacement training for new MST and FFT therapists for existing programs will be made on a case-by-case basis depending on funding and training slot availability.

29. Are the OhioRISE services only available to children who are in the custody of parents/family? If not, should the PCSA choose Aetna when choosing the Medicaid managed care program when a child goes into agency custody?

OhioRISE will add on to a child's other Medicaid programs (managed care or fee for service). Additional information for PCSAs will be available in the fall.