Provider Enrollment and Specialty Addition Guidance for OhioRISE Behavioral Health Respite Services

Behavioral Health (BH) Respite provides a short-term temporary relief to the primary caregiver or caregivers of an OhioRISE plan enrolled youth. This service can be provided inside or outside of the individual's residence and is designed to support and preserve the primary caregiving relationship. The Ohio Medicaid rule governing this service is OAC 5160-59-03.4.

General requirements for all OhioRISE providers for Behavioral Health Respite

- Comply with the Conditions of Participation set forth in Ohio Administrative Code (OAC) rule 5160-44-31
- Comply with incident reporting standards as outlined in OAC rule 5160-44-05
- Enrolled with Ohio Medicaid Provider as an eligible provider type with the behavioral health specialty. Much of the remainder of this document providers information about how to complete the provider enrollment process. As part of enrollment, you must:
    - Upload a copy of a completed (signed/dated) IRS W-9 form
    - Attest to having obtained First Aid certification. This certification must be maintained.
- Participate in compliance reviews

Provider Types and Criteria for Behavioral Health Respite

Eligible Providers	Medicaid Provider Type (Specialty)		Criteria
Behavioral Health Organizations	Community Mental Health Agency (84) SUD Agency (95)		Organization must operate in accordance with paragraph (A)(1) or (A)(2) of rule 5160-27-01: 5160-27-01
Behavioral Health Rendering Practitioners	Physicians (20) CNS (65) CNP (72) PA (24) LICDC (54/540) LCDC III (54/541) LCDC II (54/542) CDC Asst (54/543) LSW (37/371) LPC (47/471) LMFT (52/521) Psychologists ad School Psychologists (42/420, 42/421) LISW (37/370)	LPCC (47/474) IMFT (52/520)SW Trainee (37/372) / SW Assistant (37/373) Clinical Counselor Trainee (47/472) MFT Trainee (52/522) Psychology assistant (42/423) /intern (42/424) / trainee (42/422) Qualified Mental Health Specialist (96/960, 96/961) Peers (96/963) Care Management Specialist (96/962)	Rendering practitioners must meet the criteria to be an eligible provider of behavioral health services in rule 5160-27-01: 5160-27-01
DODD-certified providers of community respite	Waivered Services Organization (45)		Individual qualifications are outlined in rule 5123-9-22: 5123-9-22
DODD-certified providers of informal respite	Waivered Services Individual (55) Non-Agency Personal Care Aid (25)		Individual qualifications are outlined in rule 5123-9-21: 5123-9-21
Family	Non-Agency Personal Care Aid (25)		The individual provider may not: • Reside in the home with the youth • Meet the definition of "legally responsible family member" as defined in rule 5160-45-01: 5160-45-01

Eligible Providers	Medicaid Provider Type (Specialty)	Criteria
Foster Care Settings	Non-Agency Personal Care Aid (25)	Licensed foster care settings may provide behavioral health respite as long as they are not already fostering other youth. If they are fostering other youth, licensed foster care settings cannot provide the service unless they meet one of the following criteria: • Have an established relationship with the youth who will receive respite services in the foster home; • Are fostering siblings or kin of the youth who will receive respite services in the foster home; or • Is fostering the child of a parenting youth who will receive respite services in the foster home
Natural Supports	Non-Agency Personal Care Aid (25)	

Enrolling An OhioRISE Behavioral Health Respite Provider

Option 1: If you're already enrolled as an Ohio Medicaid Provider, take the following steps to add the BH respite specialty to your provider enrollment

1. Determine your provider type

   Refer to the provider types listed in the provider type chart above. If you are not sure which provider type you may fall into, please email ohrise-network@aetna.com and someone will be in touch within 1-2 business days.

2. Obtain First Aid certification

   All BH Respite providers are required to be certified in First Aid. If you are not already certified, please get certified before proceeding with the next steps.

3. Request to add the OhioRISE specialty, OHR, to your provider enrollment

   Your existing provider enrollment at the practitioner level needs to indicate you want to provide BH respite services and that you meet qualifications to do so. Adding the BH respite specialty also requires an attestation statement that the provider is contracting with Aetna to provide BH Respite.

   Specialty Addition Process from August 31 through September 30, 2022

   During this time period, ODM will not be able to add new provider specialties through the MITS Provider Enrollment System. Eligible providers who already have an Ohio Medicaid Provider ID and who need to add an OhioRISE specialty to their Medicaid enrollment to bill for the following services to OhioRISE members should reach out to Aetna at ohrise-network@aetna.com to request the addition of the relevant specialty. The email must include the NPI, the Ohio Medicaid Provider ID, the Medicaid number of the agency with which the provider needs to affiliate (when appliable) and attach required documentation as described in the OhioRISE Provider Enrollment and Billing Guidance. Additional information about the specialty addition process can be found here starting on page 3.

Specialty Addition Process Starting October 1, 2022

All provider applications for specialty addition must be submitted using Ohio Medicaid's new Provider Network Management (PNM) module which will go live on October 1. After its implementation, the PNM module will be the single point for providers to complete provider enrollment, centralized credentialing, and provider self-service. See the PNM and Centralized Credentialing page for information about accessing the PNM system.

4. Contract with Aetna

BH Respite providers must contract with Aetna Better Health of Ohio as a BH Respite provider so you can submit claims to and receive reimbursement from Aetna for providing services to OhioRISE enrollees. Contracting also ensures OhioRISE CME and Aetna care coordinators are able to identify you as "in network" to make referrals to you for BH Respite service. Information about how to contract with Aetna is located here.

5. Attend an Orientation with Aetna

Aetna's orientation can help you learn how to submit claims to the OhioRISE Plan for respite care you provide to OhioRISE members. Upcoming dates can be found in the table below. Please email OhRise-Network@aetna.com to sign up for an orientation.

Date	Day	Time
8/11/2022	Thursday	3-4:30
8/15/2022	Monday	10-11:30
8/24/2022	Wednesday	1-2:30
9/8/2022	Thursday	10-11:30
9/20/2022	Tuesday	3-4:30
10/6/2022	Thursday	10-11:30
10/18/2022	Tuesday	3-4:30
10/25/2022	Tuesday	10-11:30

Option 2: If you're not already enrolled as a Medicaid provider, take the following steps to enroll as a Medicaid provider and add the BH respite specialty

1. Determine your provider type

Refer to the provider types listed in the provider type chart above. If you are not sure which provider type you may fall into, please email ohrise-network@aetna.com and someone will be in touch within 1-2 business days.

2. Apply for a National Provider Identification number (NPI).

View ODM's NPI guidance document to learn more about obtaining an NPI. Please note that this process requires you to select a taxonomy that will also be used with your Medicaid application.

3. Obtain First Aid certification

All BH Respite providers are required to be certified in First Aid. If you are not already certified, please get certified before proceeding with the next steps.
There are many options to enroll for these trainings. You can search the internet for an organization near you that can provide this certification on completion of the First Aid training.

4. Apply to become a Medicaid provider with the BH Respite Specialty

All BH respite provides must apply to become a Medicaid provider and request a specialty addition at the practitioner level to indicate you want to provide BH respite services. Adding the BH respite specialty also requires an attestation statement that the provider is contracting with Aetna to provide BH Respite. The table below provides information about new provide enrollment requirements for individuals and organizations.

Individuals	Organizations
Complete an application using the guidance below for the appropriate time period Ohio Medicaid is required to capture the social security number and date of birth for all individual applicants for screening purposes Only the individual applicant can sign the provider agreement	**Complete an application using the guidance below for the appropriate time period** Disclosures – Ohio Medicaid is required to collect the names, social security numbers and dates of birth for all "Direct/Indirect owners of 5% or more", "Managing Employees" and "Control Interest." Only an individual that is disclosed (from above) is authorized to sign the provide agreement.
Supporting Documentation W9 with individual applicants SSN (signed & dated). Cannot contain the information for the organization. In some instances, additional specific supporting documentation may be needed for certain programs. If additional supporting documents are required, they will be listed once the application has been submitted. This would include the First Aid certification.	**Supporting Documentation** W9 with the organization's information (signed & dated). In some instances, additional specific supporting documentation may be needed for certain programs. If additional supporting documents are required, they will be listed once the application has been submitted. This would include the First Aid certification.
Application Fee Not required for individual applicants	**Application Fee** Some Organizational providers are required to pay an enrollment application fee. There are a series of payment related questions that are asked of organizations that will determine if an organizational applicant is required to pay the application fee. Note: Provider Type 45's ("Waivered Services Organizations") are required to pay the fee. Fee for 2022: $631.00
Estimated time for Ohio Medicaid to review and complete enrollment If information entered onto the application is accurate and supporting documentation has been provided, turn-around time is usually less than 30 days. Note: In the case of OhioRISE, ODM will expedite.	**Estimated time for Ohio Medicaid to review and complete enrollment** Generally speaking, it depends on the risk level of the organization and whether additional screening requirements are needed based on that risk level. If additional screening requirements are not needed, information entered onto the application is accurate, supporting documentation is uploaded and the application fee is paid, the turn-around time is usually less than 30 days. Note: In the case of OhioRISE, ODM will expedite.

New Provider Application Process from August 31 through September 30, 2022

During this time period, ODM cannot accept new provider applications through the MITS Provider Enrollment System. In recognition of the unique enrollment needs of community behavioral health and other OhioRISE providers, ODM created a temporary provider enrollment process for new individual practitioners affiliated with an existing community behavioral health (BH) provider type 84 (mental health agency) or type 95 (substance use disorder treatment agency) and providers enrolling because they intend to provide services to OhioRISE enrollees. Please click here for detailed instructions on Medicaid provider enrollment and OhioRISE specialty addition during this time.

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All provider enrollment applications must be submitted using Ohio Medicaid's new Provider Network Management (PNM) module, which will go live on October 1. After its implementation, the PNM module will be the single point for providers to complete provider enrollment, centralized credentialing, and provider self-service. See the PNM and Centralized Credentialing page for information about accessing the PNM system.

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10/18/2022	Tuesday	3-4:30
10/25/2022	Tuesday	10-11:30

Reminders for Providing and BH Respite Care

The OhioRISE behavioral health respite service is intended to provide short-term, temporary relief to the primary caregiver of an OhioRISE plan enrolled youth, in order to support and preserve the primary caregiving relationship. Respite services may be provided during normal awake hours and overnight.

- As a provider of behavioral health respite, you must be awake when the youth is awake.
- An OhioRISE member's child and family-centered care plan should document when the provider needs to be awake during overnight hours dependent on a youth's assessed needs.

Behavioral health respite service may be provided on a planned or emergency basis.

- An emergency behavioral health respite service may be provided to address either a primary caregiver's unexpected need for behavioral health respite or to address an urgent need related to the youth's behavioral health diagnosis.

Delivery of behavioral health respite care may occur in the following locations:

- The child or youth's primary caregiver's home.
- A qualifying provider's place of residence when approved by the youth's legal guardian;

- A foster home or treatment foster home licensed by the Ohio Department of Job and Family Services.
  Please note: foster care settings are excluded from being eligible providers of behavioral health respite services when they are already fostering youth, unless the foster home:
  - Has an established relationship with the youth who will receive respite services in the foster home;
  - Is fostering siblings or kin of the youth who will receive respite services in the foster home; or
  - Is fostering the child of a parenting youth who will receive respite services in the foster home.
- In the home of kin
- A community setting in which the general public has access.

Delivery of the behavioral health respite service may include the following activities:

- Supporting the child or youth in a home and in community-based settings
- Assisting the child or youth with their daily activities
- Transporting the child or youth within the community while providing respite activities to support the youth. Transportation activities that do not include the provision of behavioral health respite are not reimbursable as behavioral health respite.

Reimbursement from the OhioRISE plan is allowed for behavioral health respite when:

- The service is medically necessary.
- The service does not duplicate otherwise available respite services provided
  - Through another Medicaid service
  - Through IV-E funding, including for services provided in a foster home or treatment foster home

Each OhioRISE member can receive up to 50 days of behavioral health respite service without prior authorization. A request for prior approval of additional days of behavioral health respite can be made to Aetna, the OhioRISE plan.

When the OhioRISE plan denies, reduces, terminates or suspends behavioral health respite services, this constitutes an adverse benefit determination, and can be appealed in accordance with rule 5160-26-08.4 of the Administrative Code.

Documenting BH Respite Care

Behavioral health respite providers must document the care they provide. This documentation should include each of the following to validate reimbursement for Medicaid services:

- Date of service
- Place of service
- Name of youth receiving services
- Medicaid identification number of youth receiving services
- Name of provider
- Provider identifier
- Written or electronic signature of the person delivering the service, or initials of the person delivering the service if a signature and corresponding initials are on file with the provider

- A summary of the amount, scope, duration, and frequency of services delivered that directly relate to the services specified in the approved child and family-centered care plan to be provided
- A summary of when restrictive interventions were used including a date, time, the de-escalation techniques used to prevent the restrictive intervention, and whether or not the use of restrictive intervention was included on the individual crisis and safety plan, if applicable.