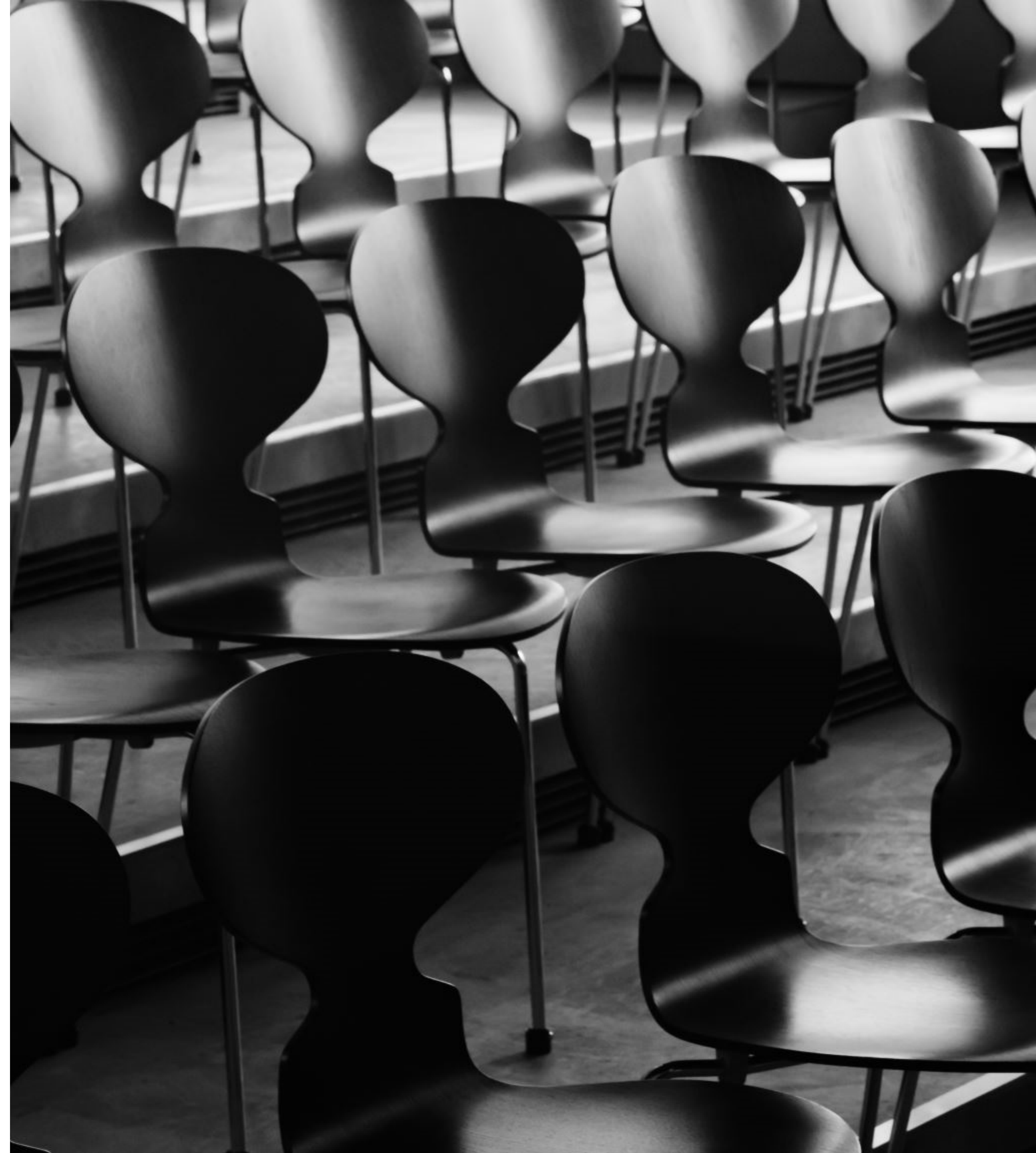
Care Management Entity (CME) Bidders Conference

Session 1 October 18, 2021
Session 2 October 19, 2021
Session 3 October 25, 2021

October 25,2021

Care Management Entity Bidders Conference Agenda

1. High Level Overview
2. Walk through Application
3. Questions & Answers



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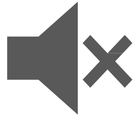
Housekeeping Details



Please be sure to mute your line when you're not talking.

Please use the chat function to ask questions. We will answer questions from the chat.

Please introduce yourself when asking a question entering your name, title, and organization in the chat feature.

The Slides from this meeting and Application Materials will email to registered participants and will be available following the meeting on the CME Application Page.

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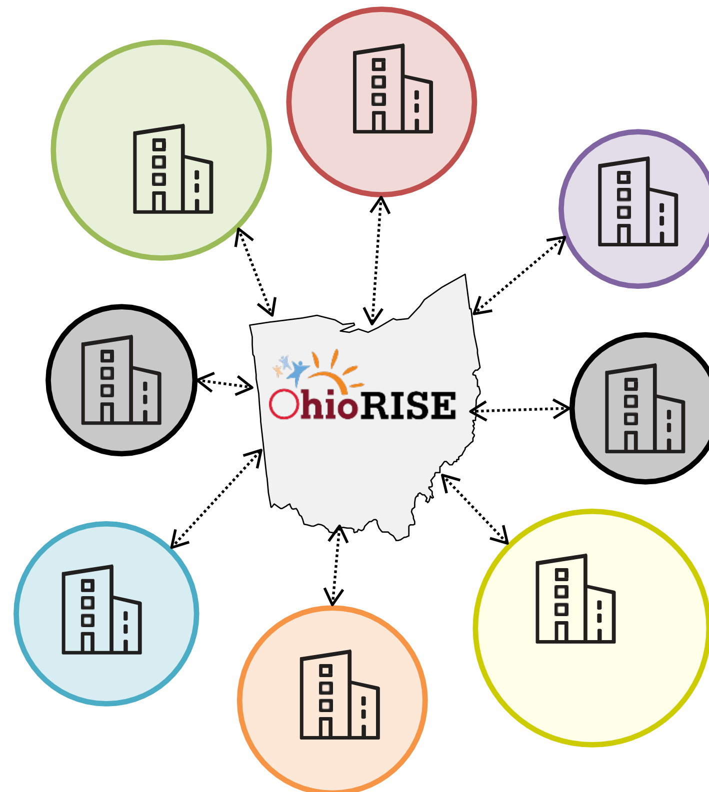
Why are we building a "network" of CMEs?

A network approach is critical to achieve our intended outcomes for the system

Children, families, and other system partners *need* a locus of accountability –

a "go-to" place to help families, providers, and other community partners navigate a complex and often confusing multi-system environment.



Developing a network allows us to concentrate our efforts:

- Alignment of resources and supports ensures we can develop a strong network that can meet the needs of the children and caregivers we will serve.
- Focused efforts help improve experience and processes when interacting with other system partners
- Create a platform for robust community resource development

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High Fidelity Wraparound

Wraparound puts the child or youth and family at the center. With support from a team of professionals and natural supports, the family's ideas and perspectives about what they need drive the Child and Family Centered Plan and all the services as part of the Wraparound Model.

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Ten Principles of High-Fidelity Wraparound*

Family Voice and Choice: Family and youth/child perspectives are intentionally elicited and prioritized during all phases of the wraparound process.	**Unconditional.** A wraparound team does not give up on, blame, or reject children, youth, and their families/caregivers.
Team based: The wraparound team consists of individuals agreed upon by the family and committed to the family through informal, formal, and community support and service relationships.	**Culturally competent**. The wrap-around process demonstrates respect for and builds on the values, preferences, beliefs, culture, and identity of the child/youth and family, and their community.
Natural supports. The team actively seeks out and encourages the full participation of team members drawn from family members' networks of interpersonal and community relationships.	**Strengths based**. The wraparound process and the wraparound plan identify, build on, and enhance the capabilities, knowledge, skills, and assets of the child and family, their community, and other team members.
Collaboration. Team members work cooperatively and share responsibility for developing, implementing, monitoring, and evaluating a single wraparound plan. The plan reflects a blending of team members' perspectives, mandates, and resources.	**Community based**. The wraparound team implements service and support strategies that take place in the most inclusive, most responsive, most accessible, and least restrictive settings possible; and that safely promote child and family integration into home and community life.
Individualized. To achieve the goals laid out in the wraparound plan, the team develops and implements a customized set of strategies, supports, and services.	**Outcome based**. The team ties the goals and strategies of the wraparound plan to observable or measurable indica-tors of success, monitors progress in terms of these indicators, and revises the plan accordingly.

***Based on the National Wraparound Institute* (Regional Research Institute, School of Social Work, Portland State University, 2021)**

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Request for Application Review

CME Application Review

- ✓ Timeline
- ✓ CME Roles
  - Care Coordination
  - Community Resource Development
- ✓ CME Catchment Entities
  - Projected enrollment
  - Multiple CMEs in one catchment area
- ✓ CME Service Specifications
  - OhioRISE Eligibility
  - Care Coordination Tiers
  - Service standards
- ✓ Referral, enrollment, care planning
- ✓ Training
- ✓ Quality Oversight and Improvement
- ✓ Electronic Medical Record and Data reporting requirements
- ✓ Implementation
- ✓ Application Scoring
- ✓ Applicant Questions

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CME RFA and Implementation TimeLine

Activity	Date
Issue RFA	Monday, October 18th
Questions Due	Friday, October 29nd
Aetna responses to questions	Friday, November 5th
Applicant Response due	Wednesday December 8th by 5 pm
Anticipated notification of selected CMEs	Wednesday January 19th
The OhioRISE Plan and CMEs sign contract	Wednesday January 19th
The OhioRISE Plan and CABHCOE begin to work with selected CMEs	Wednesday January 19th
CABHCOE will train CMEs	February-April
CME OhioRISE Plan Readiness Review	April-May
CME go-live	July 2022

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Care Management Entities – Roles

"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.
Be culturally and linguistically competent, with agencies, programs, and 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 COORDINATION USING HIGH FIDELITY WRAPAROUND

PROVISION OF COMMUNITY-BASED, IN-HOME SERVICES, FOCUSED ON NATURAL SUPPORTS

RESOURCE DEVELOPMENT AT THE COMMUNITY LEVEL

TIER 2: MODERATE CARE COORDINATION (MCC) THAT FOLLOWS WRAPAROUND INFORMED PRINCIPLES

TIER 3: INTENSIVE CARE COORDINATION (ICC) USING HIGH FIDELITY WRAPAROUND MODEL

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CME Catchment Areas

- Each CME is projected to serve approximately 1,000 – 3,000 children during the first year of OhioRISE operations.
- Each catchment area will be served by one CME.
- CME applicants may submit a proposal to serve more than one catchment area.
- For catchment areas Hamilton, Franklin and Cuyahoga counties, with more than one CME, zip codes will be used to assist with enrollment.
- Ramp up to full enrollment – as part of preparing for go-live, OhioRISE will assist CMEs to prepare for member enrollment beginning on 7/1/22 and through the first year.

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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	2430	1	**Hamilton**
	G	2750	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	2600, 2500	1, 1	**Franklin**
	M	1350	4	Licking, Knox, Morrow, Delaware
	N	1430	2	Lorain, Medina
	O	1310	4	Ashland, Richland, Wayne, Holmes
	P, Q	2400, 2400	1, 1	**Cuyahoga**
	R	1660	4	**Cuyahoga**, Lake, Geauga, Ashtabula
	S	2300	2	Summit, Portage
	T	2450	2	Trumbull, Mahoning

Catchment Areas K west & L east

West Franklin County Zip Codes	
43002	43212
43016	43214
43017	43215
43026	43216
43065	43217
43085	43220
43119	43221
43123	43222
43126	43223
43140	43227
43146	43228
43201	43235
43202	43237
43203	43822
43204	44130
43211	

East Franklin County Zip Codes	
43004	43229
43054	43230
43068	43231
43081	43232
43109	
43110	
43125	
43137	
43205	
43206	
43207	
43209	
43213	
43219	
43224	

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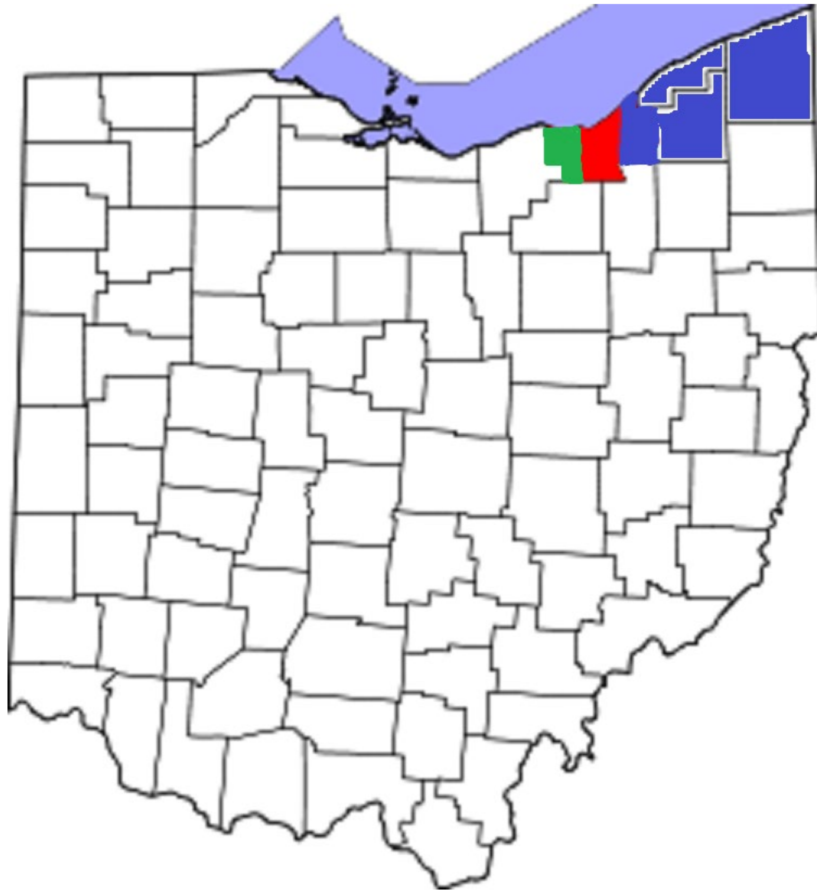
Catchment Areas P west, Q central & R eastt



West Cuyahoga Cty Zip Codes		Central Cuyahoga Cty Zip Codes		East Cuyahoga Cty Zip Codes
44017	44134	44101	44137	44022
44070	44135	44102	44144	44040
44105	44136	44103		44117
44107	44138	44104		44119
44109	44140	44106		44123
44111	44141	44108		44124
44113	44142	44110		44132
44115	44145	44112		44139
44116	44147	44114		44143
44125	44149	44118		44146
44126		44120		
44129		44121		
44130		44122		
44131		44127		
44133		44128		

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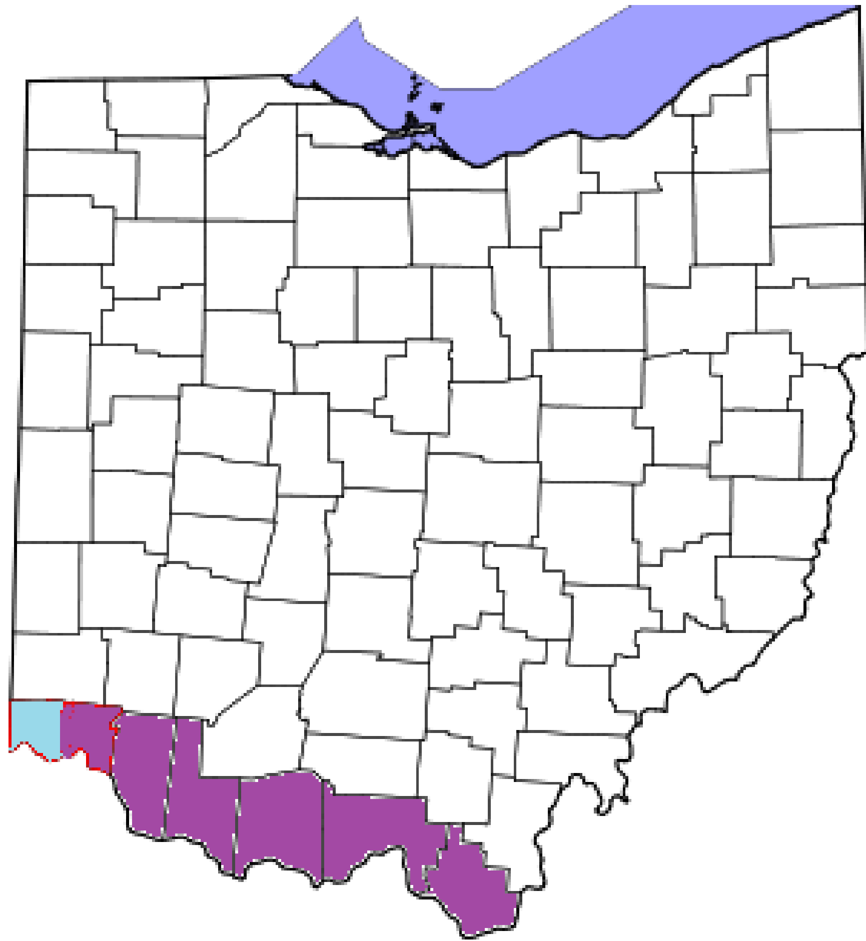
Catchment Area F & G



West Hamilton County Zip Codes	
45001	45229
45002	45231
45030	45232
45052	45233
45211	45237
45214	45238
45215	45239
45216	45240
45217	45245
45218	45246
45219	45247
45220	45248
45223	45251
45224	45252
45225	45421

East Hamilton County Zip Codes	
45111	45236
45174	45241
45202	45242
45203	45243
45204	45244
45205	45249
45206	45255
45207	
45208	
45209	
45212	
45213	
45226	
45227	
45230	

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OhioRISE Population

OhioRISE is to serve youth with complex needs requiring involvement with multiple child-serving systems.

- 38% are children with families/caregivers who have a history of Opioid Use Disorder, Substance Use Disorder

and/or

- Have a Severe Emotional Disorder as a primary diagnosis and 58% of children on a Developmental Disability waiver are receiving behavioral services.

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OhioRISE Eligibility

- ✓ ODM anticipates OhioRISE to enroll between 50,000 and 60,000 children and youth by end of year one.
  - Anticipated Tier 2 population, 50 to 60%, total population
  - Anticipated Tier 3 population, 15 to 25%, total population
  - Anticipated Tier 1 population, 20%, total population
- ✓ Children eligible for OhioRISE must meet the functional need threshold for behavioral health care, as identified by the Child and Adolescent Needs and Strengths (CANS) tool
- ✓ Be enrolled in Ohio Medicaid, either managed care or fee for service; be under the age of 21;
- ✓ Require significant behavioral health services, i.e., in need of intensive community-based services or out of home services, and many will be engaged with multiple systems.
- ✓ Be eligible for 1915b and 1915c waiver enrollment
- ✓ Be admitted to acute inpatient behavioral health or Psychiatric Residential Treatment as defined by 42 CFR 441.150 through 42 CFR 441.184

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Care Coordination

OhioRISE Care Coordination will be based on a system of care approach and a wraparound philosophy

Tier 1 Limited Care Coordination – delivered by OhioRISE Plan

- Targeted to members who may decline care coordination or may need lower intensity care coordination than in the Wraparound models.

Tier 2 Moderate Care Coordination – delivered by a CME

- Uses a Wraparound-informed model for members with moderate behavioral health needs.

Tier 3 Intensive Care Coordination – delivered by a CME

- Uses a High-Fidelity Wraparound approach for members that have the greatest behavioral health needs.

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Care Coordination

- ✓ **Care Coordination level and planning will be informed by the CANS assessment and other assessment information deemed necessary**
- ✓ **CMEs will work with the child or youth and their families/caregiver to create the Child and Family Team (CFT)**
- ✓ **CMEs will work with the created CFT to create and implement an individualized, strengths-based Child and Family-Centered Care Plan**
- ✓ **CMEs will ensure that the Child and Family-Centered Care Plan utilizes natural supports and community-based supports for the family**

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ICC and MCC Service Standards

Tier 2 requirements

- Initial Face to Face offered within 7 calendar days of referral
- Initial assessment within 14 calendar days of referral
- A comprehensive CANS assessment within 30 days and updates every 90 days
- Child and Family Team meeting (CFT) within 30 calendar days
- Complete the Child and Family-Centered Care Plan within 30 calendar days with review every 60 days or when significant changes in the child or youth's circumstances
- Safety and crisis plan developed within 14 calendar days
- Facilitate referrals and linkages, monitor care plan implementation
- Discharge planning and transition planning activities

Tier 3 requirements

- Initial Face to Face offered within 2 calendar days of referral
- Initial assessment within 14 calendar days of referral
- A comprehensive CANS assessment within 30 days and updates every 90 days
- Child and Family Team meeting (CFT) within 30 calendar days
- Complete the Child and Family-Centered Care Plan within 30 calendar days with review every 30 days or when significant changes in the child or youth's circumstances
- Safety and crisis plan developed within 14 calendar days
- Facilitate referrals and linkages, monitor care plan implementation
- Discharge planning and transition planning activities

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ICC and MCC Service Standards

Staffing and supervision	
	Ensure staff and supervisors have the experience necessary to manage complex cases;
	Ensure care coordination is provided by CMEs within the youth and family/caregiver's community;
	Have the capacity to meet care coordinator-to-youth and family/caregiver ratio requirements of 1:10 for ICC and 1:25 for MCC;
	Have the capacity to offer adequate supervision and coaching to support care coordinators, not to exceed the supervisor ratio of 1:8;
	Have the capacity to provide real-time or on demand clinical and psychiatric consultation;
	Have the ability to respond to member needs twenty-four hours a day;
	Ensure child or youth and families/caregivers have a voice and choice of assigned care coordinator;
	Have sufficient administrative and program staff to meet all the CME requirements to achieve the quality, performance, and outcome measures set by ODM;
	All CME care coordination staff will complete the ICC or the MCC HFWA certification training with the COE.

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ICC and MCC Service Standards

Transition of care

- Between higher and lower levels of care
- From one provider to another provider
- When discharging from facility level of care
- From one MCO to another MCO
- To a new CME at request of the youth and family
- Transition and/or discharge from OhioRISE
  - -Moves out of state
  - -Ages out of OhioRISE
  - -Successfully completes goals on Child and Family-Centered Care Plan

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CME Collaboration Requirements

Community resource development

- Identify formal and informal resources in their catchment area, paying particular attention to the availability of culturally responsive resources for children or youth and family/caregivers of the various racial and ethnic communities in the area.
- Refer identified service providers who are not currently contracted with the OhioRISE Plan to the Plan for enrollment as an Ohio Medicaid provider if not already enrolled, for contracting with OhioRISE or to develop a Single Case Agreement (SCA).
- Develop the capacity to support and use peer and/or parent supports.
- Determine the need for additional capacity and/or new resources.
- Prepare an annual resource development plan according to criteria developed by the OhioRISE Plan to be shared with the OhioRISE Plan and ODM.
- Establish policies and procedures and firewalls for conflict free referrals, to be submitted to the OhioRISE Plan for approval.

Children's Service System

County Boards of Development Disabilities

Family and Children First Councils

Schools

Primary Care

Behavioral Health Providers

MCOs

Local Corrections/Court Systems

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Referral, Enrollment, Care Planning

Activity	Description
No wrong door approach	OhioRISE, Specialized Behavioral Health Care from Aetna Better Health of Ohio, incorporates a "no wrong door" approach for children and caregivers to be referred and enrolled into the program.
Referral Entities	A youth and caregiver may be referred from any community agency, Managed Care Organization, behavioral health provider, state agency staff, physical health providers, schools, as a crisis referral, due to a behavioral health acute admission, admission into a Psychiatric Residential Treatment Facility, or as a self-referral.
Eligibility	Eligibility to be enrolled in the OhioRISE program from any referral source is determined through a Child and Adolescent Needs Assessment (CANS) process using the Brief CANS, an initial assessment which includes the core items necessary to determine Ohio RISE eligibility. The youth's caregiver, their MCO, the OhioRISE program, the Mobile Response Stabilization Service (MRSS) provider, or the IP/PRTF provider will initiate a referral for the Brief CANS assessment to be completed by a trained CANS assessor.
ODM Engagement	Once ODM receives the complete Brief CANS assessment, ODM will determine eligibility of the child and will inform OhioRISE of enrollment.
Brief CANS informs care coordination Tier Assignment	Once OhioRISE receives indication of enrollment, OhioRISE will utilize the level of care coordination indicated within the Brief CANS assessment to determine and assign the Care Coordination Tier.
Comprehensive CANS	The Comprehensive CANS will be utilized for ongoing assessment and expands upon the items in the BRIEF Cans to inform care planning and coordination.
1915 Waivers	CMEs will document complete Initial and redetermination waiver Level of Care assessments within ODM's CANS IT system prior to referring the child or youth and their family/caregiver to ODM's Central Processing Unit to complete additional steps in the waiver eligibility determination process. Children and youth who obtain waiver eligibility will be enrolled in the OhioRISE Plan by ODM, and the OhioRISE Plan will refer these children and youth to CMEs when they require Tier 2 and Tier 3 care coordination services.

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Conflict Free Referral Requirement

- Freedom from conflicts is essential to the integrity and fidelity of a high-fidelity wraparound or wraparound-informed care coordination.
- Conflict-free care coordination where care coordination services and functions are separated from other service delivery functions.
- CMEs must establish firewalls between its care coordination function and its service delivery function.
- CMEs will be required to establish policies and procedures to ensure care coordination functions are separate and firewalls are established.
- Policies and procedures must be submitted to the OhioRISE Plan for review and approval.
- The OhioRISE Plan will monitor CMEs' implementation of their policies and procedures as well as the number of referrals to CMEs' parent or affiliated organizations.

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Training

The CME will participate in initial and ongoing training, coaching, and supports from CABHCOE in the areas of

- Child and Adolescent Strengths and Needs (CANS)
- Mobile Response Stabilization Services
- Intensive Home-Based Treatment
- ICC and MCC utilizing High Fidelity Wraparound
- Multisystemic Therapy
- Functional Family Therapy (conducted by FFT, LLC)

- CMEs will ensure all staff complete training regarding health equity/health disparities and trauma-informed care according to standards set by ODM, within three (3) months of hire and annually thereafter.
- CMEs will ensure care coordination staff complete training to be able to educate the child or youth and families/caregivers on the availability, convenience, difference in modalities, and pros and cons of telehealth services so children or youth and families/caregivers can make informed choices about telehealth.

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Quality Oversight and Improvement

The OhioRISE Plan's Quality Oversight and Improvement process will partner with the CABHCOE and CMEs to develop an OhioRISE Quality Framework to measure performance, identify best practices and develop, implement and measure quality improvement activities.

The minimum activities will occur:

- Analyzing membership characteristics to ensure the OhioRISE program is enrolling and retaining children or youth and families/caregivers from all communities within the catchment area.
- Monitoring engagement activities and time frames with children or youth and families/caregivers
- Measuring child or youth and their family/caregiver satisfaction
- Monitoring adherence to OhioRISE and CME Rules (draft OAC 5160-59-01 – 5160-59-03)
- Ongoing measurement of fidelity to the National Wraparound Initiative Standards of Care
- Measurement of the CME's performance on ODM's Health Children Quality measures

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Electronic Medical Record and Data Reporting Requirements

Activity	Description
Assessment and support of EHR	The OhioRISE Plan will work with the selected CME's to assess their current and future ability to provide data in an electronic format (e.g. EHR) to the OhioRISE care coordination portal and will provide the necessary technical assistance to participate in Ohio's two HIEs (Clinisync and Healthbridge).
Existing/planned EHR capabilities, existing data exchange and ability to track contract requirements	Focus will include key elements such as existing/planned EHR capabilities, existing/planned data exchange capacity, ability to track contract requirements such as timeliness of activities, frequency of contacts and caseload.
OhioRISE care coordination portal, FamilyConnect	The OhioRISE care coordination portal, FamilyConnect, and electronic population health management platform will incorporate member-level data from CMEs and other entities engaged in the coordination of care. CMEs will be responsible for reporting and sharing data to the OhioRISE plan in alignment with the OhioRISE Plan provider agreement with ODM

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FamilyConnect Care Coordination Portal

Aetna's FamilyConnect care coordination portal will be the primary integration tool between Aetna and CMEs.

- FamilyConnect is Aetna Medicaid's person-centered tool that includes the features needed to support specialized care coordination activities.
- FamilyConnect is an innovative solution that supports seamless coordination of care by making key information available to all authorized individuals in a member's Care Circle.
- It is a 'convener' platform that provides alignment in services and goals.
- Data integration is key to continuity of care for physical health, behavioral health, and socially necessary services.

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Implementation

Capabilities, Support & Technical Assistance

- Organizational capacity and infrastructure to support implementation and daily operations of an OhioRISE CME.
- Eligibility as or to become a Medicaid provider within two weeks of notification of CME selection.
- Administrative and program staff in sufficient quantity to meet all the CME requirements to achieve the quality, performance, and outcome measures set by ODM and the OhioRISE plan.
- The OhioRISE plan and the COE will assess Operational and Capacity Readiness 60 to 90 days in advance of go-live to ensure CMEs are well supported for go-live and are ready to serve the children and youth in the OhioRISE program.
- The readiness assessment of CMEs will focus on the staffing, training, and data exchange capabilities.
- Support to CMEs through technical assistance to resolve issues and potential risks prior to go-live.
- Ongoing technical assistance and support will be provided for the CMEs through assigned OhioRISE liaisons. The Regional Coordinators and liaisons will assist with any continued risks and areas of concern.

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CME RFA Questions

Interested applicants are encouraged to submit questions to CMEapplication@AETNA.com by Friday October 22, 2021.

Please include “Question” in the subject line.

Question_Organization Name_CatchmentArea

Responses to questions will be posted

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Application Submission

Please submit completed applications to CMEapplication@AETNA.com by 5:00 PM EST on Wednesday Dec 1, 2021.

RFA materials can be accessed at CME Application.

You may apply for more than one catchment area, please use a separate email for each application.

Please include in the subject line of the email, CME application, your organization's name and the catchment area for which you are applying.

CME Application_Organization Name_CatchmentArea

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Network Contracting for BH services

Interested in contracting with Aetna to provide OhioRISE Behavioral Health Services?

Contact us at:

OHRISE-Network@AETNA.com

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Questions?

Appendix

Application Scoring

Response Domain Each Domain will include sub-sections, multiple questions contained within the Subsection inform the score of the sub-section.	Response Total Maximum Score - 100 points
Organizational Structure Domain	**Domain Total maximum Score 30 points**
• History, Mission, Governance Structure, Conflict of Interest disclosure Sub-section	Sub-section maximum score 4 points
• Staffing capacity to function as CME Sub-section	Sub-section maximum score 6 points
• Race, Equity, and Inclusion Sub-section	Sub-section maximum score 10 points maximum
• Implementation Plan Sub-Section	Sub-Section maximum score 5 points
• Financial viability and CME Budget Sub-Section	Sub-Section maximum score 5 points
Wraparound and System of Care Readiness Domain	**Domain total maximum Score - 43 points**
• High-Fidelity Wraparound experience and capacity Sub-section	Sub-section maximum score 9 points
• Experience with Family/Caregiver-Driven, Youth Guided Care Sub-section	Sub-section maximum score 9 points
• Experience with System of Care Principles and Values and with Child-Serving Systems Sub-section	Sub-section maximum score 9 points
• Care Coordination Capacity and Experience Sub-section	Sub-section maximum score 8 points
• Community Resource Development Capacity and Experience Sub-section	Sub-section maximum score 8 points
Information Technology Domain	**Domain total maximum Score – 10 points**
• EHR and ability to connect to HIE Sub-section	Sub-section maximum score 5 points
• Ability to track contract requirements for timeliness, contact requirements and caseloads	Sub-section maximum score 5 points
Quality Management Capacity and Experience Domain	**Domain total maximum score – 12 points**
• Quality improvement infrastructure and the major activities of your quality team, include a recent successful measurable improvement for your organization.	Sub-section maximum score 2 points
• Data collection and analysis capacity and how it uses the data it collects to inform care planning and to improve performance at the staff, program, organizational levels and the required CME and care coordination activities described in draft OAC 5160-59-02	Sub-section maximum score 4 points
• Ability to provide information and data to current managed care organizations, CCEs, or State or local child-serving agencies.	Sub-section maximum score 2 points
• Experience in having parents or consumers participate in quality monitoring.	Sub-section maximum score 2 points
• Describe your organization's experience in monitoring disparities in access, utilization and outcomes data by race and ethnicity, and in using data to strengthen cultural and linguistic competence and capacity.	Sub-section maximum score 2 points
Case Scenario Response	**5 points maximum**

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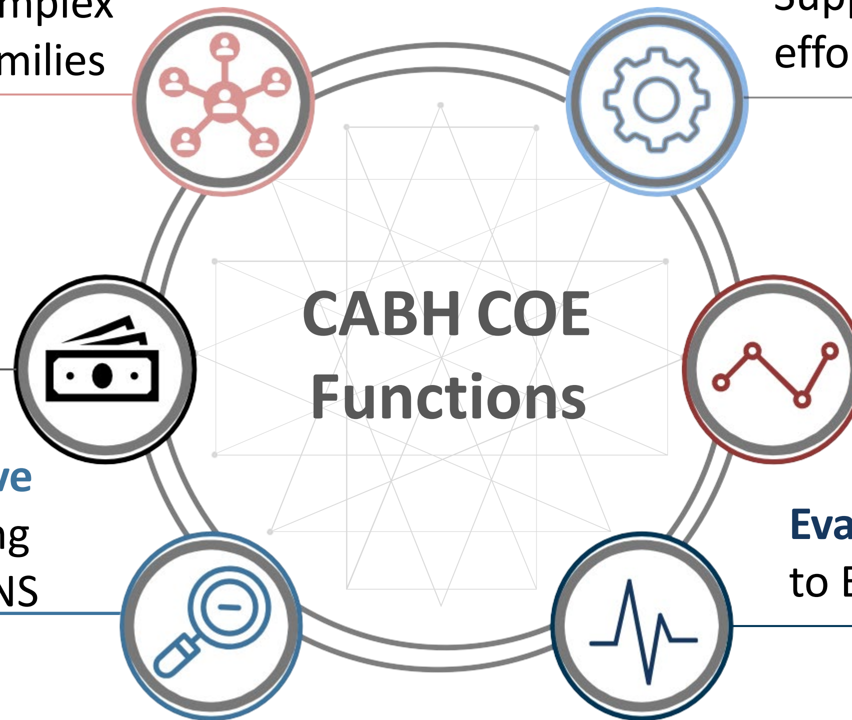
Functions of the CABH COE

Expanding service and care coordination capacity for children with complex behavioral needs and their families

Direct service payment for MST and FFT (Family First)

Building and sustaining a comprehensive standardized assessment process utilizing the CANS



Support state system transformation efforts including OhioRISE

Building and sustaining capacity for evidence-based (EBP) and evidence-supported practices (ESP)

Evaluation and monitoring of fidelity to EBPs and ESPs

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