

Care Management Entities FAQ

As part of Governor Mike DeWine's overarching goal to improve care for children with complex needs, the State of Ohio designed a reimagined Medicaid system and structure of services to better serve children and youth with complex behavioral health needs and their families/caregivers. The Ohio Resilience through Integrated Systems and Excellence (OhioRISE) program was jointly developed and will be governed by the Ohio Department of Medicaid (ODM), the Governor's Office of Children's Initiatives, and the Ohio Family and Children First Cabinet Council. OhioRISE aims to improve care and outcomes for children and youth with complex behavioral health and multisystem needs and their families/caregivers by:

1. Creating a seamless and integrated delivery system for children and youth, families/caregivers, and system partners.
2. Providing a "locus of accountability" by offering community-driven comprehensive care coordination.
3. Expanding access to critical services needed for this population while assisting families, state and local child-serving agencies, and other health providers to locate and use these services when necessary.

Aetna Better Health of Ohio was selected by the ODM to serve as the single statewide OhioRISE managed care plan. In February 2022, Aetna selected providers to serve as Care Management Entities (CME) for OhioRISE.

What is a Care Management Entity (CME)?

A care management entity (CME) is a community-based organization that serves as the "locus of accountability" for delivering the wraparound model for a catchment (geographic) area of Ohio to serve children and youth enrolled in OhioRISE.

What role will CMEs have within OhioRISE?

CMEs have two main purposes: to provide care coordination and build community resources.

- **Care coordination:** provide wraparound-driven care coordination services to OhioRISE enrollees living in the catchment area.
- **Community resource development:** grow the system of care within the CME's catchment area.

Why are we building a "network" of CMEs?

Children, families, and other system partners need a go-to resource – or locus of accountability – to help navigate a complex and often confusing multisystem environment.

Developing a network allows us to concentrate our efforts:

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

Why are we launching the CMEs ahead of the OhioRISE start date?

OhioRISE is launching several key components before the full program goes live, including the startup of CMEs. Beginning work with and providing resources to our CMEs ensures these organizations can begin hiring and training staff, building capacity to provide services, and strengthening relationships with community partners to prepare to serve OhioRISE youth and families.

What is High-Fidelity Wraparound?

The National Wraparound Initiative defines high-fidelity wraparound as a comprehensive, holistic, youth- and family-driven way of responding when children or youth experience serious mental health or behavioral challenges. Wraparound puts the child or youth and family at the center, with support from a team of professionals and natural supports that may include the child's teacher, neighbor, or extended family. Wraparound prioritizes the family's ideas and perspectives about what they need and what will be helpful to drive all the work in wraparound.

What are Intensive and Moderate Care Coordination (ICC/MCC)? Will all children and youth get ICC or MCC?

CMEs will provide two levels of care coordination (intensive and moderate) consistent with principles of high-fidelity wraparound delivered by care coordinators.

Children and youth enrolled in OhioRISE will be assigned to a level of care determined by the Ohio Children's Initiative Child and Adolescent Needs and Strengths (CANS) assessment tool. Children and youth with the most complex needs are likely to be offered ICC or MCC delivered by a CME. Children and youth with lesser complex needs and those who choose not to receive ICC or MCC will be offered wraparound-based care coordination from the OhioRISE plan, Aetna Better Health of Ohio.

What's a system of care?

A system of care is defined by Stroul, Blau, and Friedman as, "A spectrum of effective, community-based services and supports for children and youth with or at risk for mental health or other challenges and their families, that is organized into a coordinated network, builds meaningful partnerships with families and youth, and addresses their cultural and linguistic needs, in order to help them to function better at home, in school, in the community, and throughout life."

The OhioRISE program and its CMEs will help communities ground and grow their unique systems of care to better meet the needs of children and families across the state.

What role does a CME have in developing the system of care and community resources?

CMEs will be charged with identifying the formal and informal resources in their catchment area so they can be incorporated into care coordination plans, gathering child or youth and family/caregiver feedback about their use of these resources, and working with local leaders and stakeholders to expand informal resources that children and families need. Some of these resources will be useful for many children or youth and families/caregivers, and others may need to be developed to meet the unique needs of a single child or youth. When gaps in care exist, CMEs will be responsible for identifying these

gaps to the OhioRISE plan and state leaders, as well as providing recommendations on how to fill these gaps.

How many CMEs will serve each catchment areas?

CMEs are located in 20 catchment areas across the state. Each catchment area or region will be served by a single CME. Over time, CMEs will row to each serve approximately 1,300-3,000 youth enrolled in OhioRISE.

Will kids always receive CME services near where they live?

CMEs will build capacity to provide services across their entire catchment areas so care coordination can be delivered close to and within kids' homes and communities.

How will the local systems, such as juvenile courts, child protection services, schools, pediatricians, and hospitals, become aware of and develop relationships with CMEs?

The CMEs have demonstrated commitment and capacity to effectively organize and develop resources within their local communities and successfully address needs of children, youth, and families served. CMEs will expand their relationships with other child-serving systems and agencies so they can collaborate when serving kids and families enrolled in OhioRISE. Local system partners can be helpful in referring kids and families for OhioRISE eligibility assessments, and in some circumstances, they may be involved in OhioRISE care planning and implementation.

When OhioRISE enrollees and their families/caregivers first engage their care coordinators, they'll have the chance select informal supports and formal providers who they want to have as part of their "child and family team" that will develop a unified plan to guide the delivery of services and supports. Some local child-serving systems may be kept apprised of the care planning process and care plan, and others may be asked to participate in the child and family team.

How will CMEs and other OhioRISE providers expand capacity during a behavioral workforce shortage exacerbated by the pandemic?

Ohio Medicaid, our sister state agencies, and our partners at Aetna recognize that workforce challenges will impact OhioRISE. We are offering provider supports and continuing to reexamine OhioRISE program requirements and staffing models for potential flexibilities while ensuring any changes made do not dilute the evidence-based care children and youth deserve to receive. We will monitor the program as it scales and provide support for provider expansion, as well as make any necessary changes, over time. Some examples of the steps our actions and considerations include:

- Ohio Medicaid is investing \$19.5 million in transition grants allowing CMEs to launch before the OhioRISE go-live on July 1, 2022. The grants will assist with hiring and onboarding new CME staff and getting them ready to serve kids enrolled in OhioRISE.
- The state is sponsoring training for staff to deliver our evidence-based practices, including the CANS assessment, ICC and MCC, Intensive Home-Based Treatment (IHBT), Multi-Systemic Therapy (MST), Functional Family Therapy (FFT), and Mobile Response and Stabilization Services (MRSS). Trainings are being provided by the new Child and Adolescent Behavioral Health Center of Excellence.

- Many of the new and enhanced OhioRISE services offer new options to allow an expanded set of practitioners, including people without licenses or certification who have appropriate experience, as well as non-agency providers and qualified community partners. Leveraging the expertise of all qualified providers who are willing to serve will be critical to meet the needs of our kids and families. Aetna Better Health of Ohio is working on creative contracts with providers that haven't historically served the Medicaid population.
- Ohio's human-serving agencies are collaborating to make investments in provider relief and workforce development.

Ohio Medicaid, our state agency partners, and Aetna will carefully monitor OhioRISE implementation to identify additional opportunities to support our workforce.

Will CMEs and other service providers have the capacity to serve the OhioRISE population when the program goes live?

While some children and youth will be automatically enrolled into OhioRISE when the program goes live, most kids will enroll as their needs are assessed during the program's first year. CMEs and other service providers will scale their capacity over time.

It will take time, collaboration, creativity, and determination over many years to more fully meet the behavioral health needs of kids and families in our state. OhioRISE is designed to be a platform for our long-term efforts.

Ohio Medicaid, OhioRISE's governing body (Governor DeWine's Family and Children First Cabinet Council), and our partners at Aetna Better Health of Ohio are deeply committed to the work ahead.