



(\$10.4 million state GRF) for new autism spectrum disorder services, and \$30 million (\$9 million state GRF) for telehealth and other mental health services in schools.

## Background

Ohio's rates of both substance use disorders and mental health disorders are higher than national averages across nearly all age groups.<sup>1</sup> Of Ohio's total Medicaid population, approximately 26 percent received a behavioral health treatment in SFY 2018, and an additional 11 percent of enrollees received prescription medications to help with behavioral health challenges. Unfortunately, many people experiencing mental health and substance use disorder (SUD) challenges are not able to access the care they need. Across our state, just 36.64 percent of Ohio's mental health needs are met by our current treatment capacity.<sup>2</sup>

Despite great efforts and a significant investment of resources to curb the opioid epidemic, Ohio still ranks second in the nation for drug overdose deaths and for opioid-related overdose deaths,<sup>3</sup> and the number of pregnant women diagnosed with opioid-use disorder (OUD) has been rising over the last decade, leading more babies to experience Neonatal Abstinence Syndrome (NAS).

Moreover, children within the Medicaid population are increasingly needing access to behavioral health treatment. Between 2015 and 2018, kids with Medicaid experienced a 35 percent increase in diagnoses for serious emotional disturbances. Children in the custody of the child protection system, all of whom have Medicaid eligibility, are regularly being placed in out-of-home and congregate care settings (psychiatric hospitals, residential treatment facilities, long-term acute hospital stays) because their multi-system needs cannot be met in their communities. On any given day, over 130 children in child protection custody find themselves in out-of-state residential treatment facilities because they cannot access the care they need in Ohio.

## Policy Proposal

Ohio Medicaid is collaborating with the RecoveryOhio initiative and other state and local entities to strengthen access to care and improve outcomes for adults and children who need behavioral health services. Medicaid is proposing the following budget initiatives to work toward these aims.

### 1115 Waiver for Substance Use Disorder Services

The Department of Medicaid is working with the Department of Mental Health and Addiction services to pursue an 1115 demonstration waiver for substance use disorder services. This waiver will ensure continued federal financial participation for individuals served in some residential treatment settings. The waiver application will include the following components that will be critical to maintaining and improving access to high-quality care for individuals with substance use disorders:

- » Behavioral Health Care Coordination: gaining approval for the 1115 SUD waiver will require significant enhancements to Medicaid's care coordination services. To meet these requirements, Ohio Medicaid and the Department of Mental Health and Addiction Services are working to design a robust Behavioral

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<sup>1</sup> RecoveryOhio Advisory Council. [Initial Report](#). March 2019.

<sup>2</sup> Bureau of Health Workforce, Health Resources and Services Administration, U.S. Department of Health & Human Services. [Designated Health Professional Shortage Areas Statistics: Designated HPSA Quarterly Summary, as of December 31, 2018](#). 2019.

<sup>3</sup> Centers for Disease Control and Prevention (CDC), National Center for Health Statistics. [Drug Overdose Deaths in the United States, 1999-2017](#). 2018.

Health Care Coordination (BHCC) model targeted at individuals with the most complex and urgent substance use disorder and mental health needs.

- » Mom & Baby Dyad Care: Mounting clinical evidence suggests that optimal care for a mother with OUD and babies with NAS includes programs that allow for the infant to be co-located in all care settings with their mother to consistently support sobriety and the types of positive parenting experiences required for positive long-term outcomes for both parties. Today, care is typically provided and funded at an individual level, and many babies are taken into custody when their mothers pursue treatment. Ohio Medicaid will be designing a new “dyad care” model that includes coordinated and coupled services for women with OUD and babies with NAS.
- » 12-Month Medicaid Eligibility for Post-Partum Women: Ohio Medicaid will request CMS approval to allow pregnant women in the Medicaid program to have 12 months of continuous eligibility following delivery, thereby ensuring coverage and access to care for moms and their infants. Today, new mothers are only guaranteed coverage until 60 days after delivery (coverage ends on the last day of the month in which the 60<sup>th</sup> day falls.) Extending the coverage period for new mothers to a full year grants them access to the crucial services they need to stay healthy, so they can in turn care for their infants and access well-child services.

#### Enhancing Care for Children with the Most Complex Behavioral Health Needs

The Department of Medicaid is partnering with RecoveryOhio, the Governor’s Office of Children’s Initiatives, the other state agencies, and county public children’s services agencies (PCSAs) as it pursues the following initiatives for children with complex needs:

- » The behavioral health care coordination service mentioned in the section above will include options for children with very complex, multi-system needs. This type of service planning and organization of supports will help prevent out-of-home and residential treatment, as well as voluntary custody relinquishment due to a family’s inability to access coordinated community-based care.
- » Medicaid is exploring options to improve access to intensive behavioral health services for multi-system youth within Ohio. Enhancing these services will help prevent additional children from being sent out of state while enabling us to bring children back home to be closer to their families and circles of support. These enhancements will also help prevent parental relinquishment of child custody when a family cannot access necessary services.
- » The Department is creating a multi-system youth innovation fund targeted at existing programs’ non-billable services for children with complex needs to create pathways to coverage under Medicaid.
- » Ohio Medicaid will begin new coverage of services for autism spectrum disorder, which will help keep kids and their families together in their communities and can help to prevent out of home residential treatment.