Network Notification

Notification Date: **July 17, 2017**
To: **Ohio Medicaid and CareSource MyCare Ohio Health Partners**
From: **CareSource**
Subject: **Behavioral Health Respite Care Services for Children**

On February 1, 2017, Medicaid respite services became available for children with mental health needs who are enrolled in Medicaid managed care. The definition, eligibility, and provider requirements for Community Behavioral Health Centers (CMHCs) to provide the behavioral health (BH) respite services are described in Ohio Administrative Code (OAC) rule 5160-26-03 and in the attached guidance from ODM/OhioMHAS.

CareSource requires prior authorization for BH respite services for children and follows the OAC requirements outlined in OAC rule 5160-26-03 when making medical necessity decisions. When making medical necessity decisions, CareSource will accept any one of the following three functional behavior assessments:

1. Child and Adolescent Needs & Strengths (CANS)
2. Achenbach
3. Strengths and Difficulties Questionnaire (SDQ)

Associated functional behavior assessments and associated documentation must illustrate the child's current need for BH respite services.

Prior Authorization Information

- General resources about CareSource's prior authorization process can be found at CareSource.com/providers/ohio/ohio-providers/authorization-claims-appeals/prior-authorization/.
- A printable paper copy of the prior authorization form can be found at CareSource.com/documents/ohio-provider-medical-prior-authorization-request-form/.
- Prior authorization requests for BH respite services will automatically be reviewed expeditiously (within 72 hours) by CareSource's Utilization Management Department.

Questions?

If you have questions about the prior authorization process for BH respite, please contact us:

- Call Health Partner Services at **1-800-488-0134**.
- Email the Utilization Management team at mmauth@caresource.com.
- Email general BH inquiries to OhioBHInfo@caresource.com.

Not in network?

If you are a community mental health center interested in providing BH respite services to CareSource members, visit CareSource.com/providers/joinournetwork to learn about the next steps for partnering with CareSource.

OH-SP-0077

Ohio Department of Medicaid
John R. Kasich, Governor
John B. McCarthy, Director

Respite Services for Children Enrolled in Managed Care

With the implementation of revised OAC rule 5160-26-03 "Managed Health Care Programs: Covered Services," the eligibility criteria for children with long-term services and supports (LTSS) needs has been updated. Behavioral health (BH) eligibility criteria has been added to allow children with a severe emotional disturbance (SED) diagnosis to access respite services.

Eligibility

LTSS Criteria	BH Criteria
Under 21 years of age.	Same
Reside with unpaid primary caregiver in a home.	Same
Not a foster child.	Same
Enrolled in the MCP care management program.	Same
Have LTSS needs - as determined through an institutional level of care.	Have behavioral health needs - as determined through a functional assessment.
Require skilled nursing or skilled rehab at least once per week.	Diagnosed with an SED as documented in the appendix to rule 5160-26-03.
Determined eligible for SSI or SSDI.	Not exhibiting behaviors that indicate risk of harm to self or others.
MCP determination that child's caregiver has a need for temporary relief to prevent an out-of-home stay.	MCP determination that child's caregiver has a need for temporary relief to prevent an out-of-home stay or due to history of out-of-home stays.
Had a need for at least 14 hours per week of home health aide services for 2 months prior.	

Respite Details

- Each child may receive up to 100 hours of respite services per calendar year.
- ODM will allocate $10 million annually for respite service payments. Funds will be included in the capitation payment and will be based upon member enrollment data. Any services provided over the amount included in the plan's capitation payments will be a value added service as determined by the plan.
- The state will monitor overall utilization across plans through encounter data.
- The plans will be required to monitor their utilization of the service and overall expenditures. Plans will submit quarterly reports to ODM including the amount received and amount spent for respite services.

Billing Codes

- S5151 Per Diem (For any respite services lasting beyond 12 hours of care.)
- S5150 per 15 minute unit.
- These codes will be used for both LTSS and BH respite services. The provider type will be used to differentiate between the two respite services.

Provider Requirements

LTSS Provider Agencies	BH Provider Agencies
Medicaid enrolled.	Same
Medicare-certified home health agencies or accredited by one of 3 entities.	Ohio MHAS-certified and accredited by one of 3 entities.
Criminal records check in compliance with OAC rules 5160-45-07 and 5160-45-11.	Criminal records check in compliance with OAC rule 5160-43-09 when services are provided in an HCBS setting.

LTSS Provider Agency Employees	BH Provider Agency Employees
Obtain and maintain first aid certification.	Same
Completion of competency evaluation program or training.	Credentialed by one of several Ohio boards or have received training/education in mental health competencies.
Supervised by an RN.	Supervised by an independently licensed BH professional credentialed by one of several Ohio boards.
Completion of 12 hours in-service continuing education training.	

For additional details see OAC rule 5160-26-03.