NOVEMBER-DECEMBER 2020 COVID-19 EDITION

Due to the ongoing pandemic this issue continues to primarily contain COVID-19 related policies and resources. *However, there are non-COVID related items included at the beginning and end.* Additionally, the March 2020, April 2020, May 2020, June 2020, July 2020, August 2020, September 2020, and October 2020 editions are available for historic references and resources.

Ohio Council COVID-19 Provider Impact Survey Results

We are pleased to share the results of the most recent Ohio Council COVID-19 Provider Impact Survey that was conducted between 10/07/2020-10/16/2020 to collect data on the status as organizations adapt to the ongoing COVID-19 pandemic. *We want to sincerely thank the 72 members that responded to this survey request, representing approximately 50% of our membership!* Your continued participation in these surveys actively supports our advocacy, allows us to tell your story, and many state leaders rely on and respond to the information we provide.

Key findings from the October survey include:

- 53% of behavioral health organizations report that the majority of their services continue to be provided via telehealth.
- 92% of organizations reported a decrease in weekly revenue and the majority of organizations report a decrease in weekly revenue of 21% or more.
- While organizations currently report a more stable financial position due to provider relief funds, 74% of providers report they will need additional funds to sustain service capacity based on current funds and revenue.
- In July, a total of 915 FTEs were laid off or furloughed by 38 organizations from mid-March - mid-July 2020. In the last 30 days, 56 FTEs were laid off by five organizations. The reduced layoffs are likely a reflection of CARES Act funding which also allowed providers to re-hire 90 FTEs over the last 30 days.

COVID-19 Federal Policy and Resources

SBA Creates New PPP Loan Necessity Questionnaires for Borrowers of $2 Million or More

At the beginning of November, the Small Business Administration (SBA) released two new forms which require the disclosure of information from Paycheck Protection Program (PPP) borrowers that received PPP loans with an original principal amount of $2 million or more. SBA Form 3509 is required to be completed by for-profit borrowers, and SBA Form 3510 is required by non-profit borrowers. The SBA previously released guidance stating that PPP borrowers should be prepared to demonstrate that, as of the date the borrower applied for a PPP loan, the loan was necessary to support the borrower's ongoing operations due to the impact of the coronavirus. Subsequently, SBA created a limited safe harbor, stating any borrower that, together with its affiliates, received PPP loans with an original principal amount of less than $2 million would be deemed to have made the Need Certification in good faith.

The purpose of the newly released Loan Necessity Questionnaires is to assist the SBA in evaluating whether or not borrowers of larger amounts made the Need Certification in good faith. It is not yet clear if every borrower with a $2 million original principal amount will be required to complete the questionnaire or if this will be a more targeted approach. Further it is not clear whether the SBA or bank will select borrowers that must complete the new form. Each new Loan Necessity Questionnaire is generally broken down into two information categories: Business Activity Assessment (Non-Profit Activity Assessment for non-profit borrowers) and Liquidity Assessment. A borrower that is required to complete one of the Loan Necessity Questionnaires that fails to do so may result in the SBA determining that such borrower was or is ineligible for the PPP loan as a whole, the PPP loan amount received, or any forgiveness amount which the borrower claims. Accordingly, the SBA may seek repayment of the PPP loan or may pursue other available remedies.

It's equally important to understand these new Loan Necessity Questionnaires while open for public comment through November 23 are not posted on the SBA's general PPP website and may not yet be finalized. There is great concern that these Questionnaires do not take into consideration other key factors such as staff retention resulting from access to the loan or projected impacts without these funds. This was yet another significant and unexpected policy change that caught banks and borrowers by surprise. The Ohio Council has reached out to Senators Brown and Portman to express concern with this unanticipated change and lengthy questionnaire. As with all things PPP related, we encourage you to review these forms if you received more than $2 million and stay in close contact with your bank. Our partners at Vorys have created an informative Coronavirus Task Force Brief on PPP Guidance Update: SBA Creates New Loan Necessity Questionnaire for Borrowers of $2 million or more.

IRS and US Treasury Release Guidance on PPP Loans

According to an article released by Clark Schaefer Hacket the IRS and Treasury Department released much-anticipated new guidance (Revenue Ruling 2020-27 and Revenue Procedure 2020-51) on November 18th, that indicates there will be no deduction for expenses paid with proceeds from a loan that is forgiven under the SBA's Paycheck Protection Program (PPP). The new guidance confirms the earlier position of the IRS: if a taxpayer received a PPP loan and paid otherwise-deductible expenses with PPP funds, those expenses are *not* deductible for federal tax purposes if the taxpayer reasonably expects to receive forgiveness of the loan. That is, businesses that "reasonably believe" their loan will be forgiven in the future may not deduct those costs, whether they have applied for forgiveness by the end of the 2020 tax year, or whether the actual

forgiveness event has occurred. In either case, these expenses are not deductible in 2020. The guidance does provide a safe harbor for taxpayers who do not deduct expenses in anticipation of their PPP loan being forgiven and whose forgiveness is later denied, in whole or in part, or for taxpayers who later decide not to request forgiveness. Therefore, if a borrower only has partial loan forgiveness, they may still have deductible expenditures attributable to the non-forgiven portion. Filers can take the write-offs on their 2020 or 2021 tax returns.

CDC COVID-19 Vaccine Distribution Recommendations

On 12/1/2020, the Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices voted on their initial COVID-19 vaccine distribution recommendations. As written, it is unclear if behavioral health providers and organizations are included under the panel's recommended Phase 1 vaccination distribution category. This also follows a new report from Sen. Warren (D-MA), Rep. Maloney (D-NY) and Rep. Porter (D-CA), which found that over 50% of surveyed behavioral health facilities had at least one case of COVID-19. In response, the National Council, along with the National Association of State Mental Health Program Directors and the Mental Health Corporations of America, sent a letter to the Department of Health and Human Services and the CDC calling for behavioral health providers to be included as essential frontline providers for purposes of vaccine distribution.

Federal Funding and Coronavirus Relief Congressional Update

Congressional leaders are poised to pass a short-term continuing resolution that would extend federal funding through December 18, 2020 and avoid a government shutdown. The additional week is expected to provide more time for House and Senate negotiators to reach an agreement on both a complete fiscal year 2021 omnibus appropriations package (which directs resources and funds programs throughout the federal government) and a long-discussed additional corona-relief legislative package. A deal on federal funding appears imminent but finding consensus on a corona-relief bill remains challenging. However, some congressional leaders have expressed slight optimism as an outline of an agreement is beginning to take shape. The parameters of the deal include resources to support vaccine distribution; another round of PPP for small businesses; unemployment compensation funding; and a host of other critical safety net programs. The roadblock to a final deal appears to be focused on the amount of resources directed to state and local governments and COVID-19 related liability protection for businesses.

COVID-19 State Policy and Resources

ODH Coronavirus Website – Primary Source for All Ohio Information

Responsible Restart

Throughout the month of November and early December as the number of new COVID infections increased significantly, Governor DeWine repeatedly emphasized the critical importance of mask wearing, social distancing, and limiting attendance of family and social gatherings. He has continued to encourage employers to allow employees to work from home when they can and for families to reconsider holiday gathering plans. The Governor reminded everyone that Ohio's order limiting social gatherings to 10 persons or less remains in effect.

<u>Subsequently, throughout the month, the Governor made several announcements:</u>

- [ODH reissued Ohio's mask mandate to add new provisions](#) to protect frontline retail workers and customers. The new provisions include: requiring each retail store to post signage outlining face-covering requirements at all public entrances; establish the stores responsibility for ensuring customers and employees are wearing masks; and create a new Retail Compliance Unit, led by agents with the Ohio Bureau of Worker's Compensation that will inspect businesses for compliance. A written warning will be issued for a first violation and a second violation will result in closure of the store for up to 24 hours.
- [ODH issued an order placing significant new restrictions on social activities](#) such as banquets, wedding receptions, and social gatherings following funerals. Specifically, open congregate areas will no longer be permitted to open, and everyone will be required to be seated and masked unless they are actively consuming food or drinks.
- Additionally, Governor DeWine announced that Ohio colleges and universities committed to transitioning to remote learning for all classes continuing after Thanksgiving. This will allow students to remain at home through the holidays and reduce potential virus spread. In January, each college and university will reassess the best method for resuming education.
- ODH Director Stephanie McCloud signed the [Director's Stay at Home Tonight Order](#) implementing a 21-day statewide 10:00PM - 5:00AM curfew and encouraging people to stay at home during these times unless they are working or engaged in an essential activity. Separately, several counties individually issued stay-at home public health advisories to further support and encourage their communities to limit unnecessary contacts and reduce the virus spread.
    - While this order was set to expire 12/10/2020, Governor DeWine indicated it will likely continue indefinitely and has made statements that more may need to be done to reduce the virus spread as the number of new cases, hospitalizations, and ICU admissions remain high.

Updated dashboards – The COVID dashboard system was updated to allow individuals to [search COVID data by zip code](#). Additionally, a new [flu monitoring dashboard](#) has been made available. The new dashboard shows flu trends over time that indicate whether flu hospitalizations or cases of flu-like illness are on the rise or decline as compared to the previous week and compared to the five-year average data. Hospitalization data is broken down by region, county, date, sex, age, race, and ethnicity. The data shows only positive flu PCR tests reported by public health laboratories and selected clinical laboratories that participate in the national flu monitoring system. Data is updated every Friday morning.

Updated Quarantine Guidance - On Dec. 2, 2020, the Centers for Disease Control and Prevention (CDC) [released a scientific brief](#) with considerations for reducing quarantine for people possibly exposed to COVID-19. [The Ohio Department of Health (ODH) has modified this guidance](#) to meet the specific needs of our state and considerations for local circumstances and resources. Recommendations for quarantine adapted by ODH support efficient use of resources and a reduced risk of post-quarantine transmission.

The Ohio Department of Health continues to recommend a 14-day quarantine for many citizens in Ohio. "Staying home for 14 days after contact is still the safest way to limit possible spread of COVID-19, said ODH Chief Clinical Officer, Dr. Vanderhoff. We continue to recommend this time period for people in congregate living facilities, such as nursing homes; in workplaces with a large number of employees; and in other settings in which COVID-19 could spread extensively. We also recommend 14 days if you are in contact with people at increased risk for severe illness from COVID-19."   For others with no symptoms, the 10-day period may be sufficient, however, Dr. Vanderhoff recommends that Ohioans consider getting tested on day eight or later to increase certainty of no infection. Quarantine can then end at the

conclusion of the 10-day period. Quarantine can be reduced further to seven days, Dr. Vanderhoff said, if an individual has no symptoms and receives a negative test on day five or later.

Healthcare facilities, in consultation with local health departments, may also consider CDC's Strategies to Mitigate Healthcare Personnel Staffing Shortages.

ODH COVID-19 Vaccine Program

Ohio is continuing to develop a robust infrastructure for dissemination of the COVID-19 vaccine. OhioMHAS feels strongly that community behavioral health providers are important actors in this strategy. The Ohio Department of Health has issued a call for organizations to become vaccination providers, however there is a common misperception that ultra-cold storage capabilities are required to enroll as a COVID-19 vaccination provider. ODH Director, Stephanie McCloud, released a clarifying memo restating that ultra-cold storage is NOT required in order to enroll as a COVID-19 vaccine provider and describes alternative strategies for cold storage requirements for two of the expected vaccines pending FDA approval. We encourage BH provider organizations with medical staff to enroll in the COVID-19 Vaccine Provider Program.

To enroll, go to the State of Ohio's "OH|ID" webpage at https://ohid.ohio.gov. The following resources will provide assistance in completing the enrollment process.

- Checklist - COVID-19 Vaccination Program Enrollment (provides details on information needed to enroll)
- Job Aid - Request Access to COVID-19 Vaccination Provider Program Application (provides screen shots to support application submission)
- Fact Sheet - Ultra-Cold Storage Planning Considerations
- FAQ for Health Providers
- COVID-19 Vaccine Provider Information
- Ohio Draft COVID-19 Vaccination Plan

The CDC has not yet officially approved Ohio's distribution plan which will adopt a phased approach for vaccine distribution that is consistent with CDC guidance. During Phase 1, vaccine supply will be limited, and Ohio will focus on vaccinating those who wish to be vaccinated in the critical Phase 1A groups outlined below:

- Healthcare workers and personnel, who are routinely involved in the care of COVID-19 patients
- Residents and staff at nursing homes
- Residents and staff at assisted living facilities
- Patients and staff at state psychiatric hospitals
- ***People with intellectual disabilities, mental illness, and/or addiction who live in group homes, recovery housing, residential programs, or centers and staff/peer providers at those locations (clarified per MHAS)***
- Residents and staff at Ohio veterans' homes
- EMS Responders

The federal government has advised that ODH will not know the exact number of vaccines that will be shipped to Ohio until closer to each shipment date. The current shipment figures, which are subject to change, are as follows:

- On or around December 15, a shipment from Pfizer will include 9,750 vaccines for Ohio's prepositioned hospital sites. An additional 88,725 vaccines will go to Walgreens and CVS for congregate care settings.
- On or around December 22, a shipment of 201,000 vaccines is expected from Moderna. These vaccines will go to 98 hospitals for vaccination of those who are exposed to COVID patients and to 108 health departments to vaccinate other frontline workers such as EMS workers.
- On or around December 22, another shipment is also expected from Pfizer. The tentative number of vaccines in this shipment is 123,000. These vaccines will go to Walgreens and CVS for vaccination of those in congregate care settings.
- A few days later, Ohio expects another 148,000 vaccines from Pfizer and 89,000 vaccines from Moderna.

These vaccines will be the first dose for those in the identified critical groups. A second dose will be delivered and administered in the future. There is full acknowledgment that these initial shipments will not cover all the healthcare workers, caregivers, and at-risk populations included in the Phase 1A list. Further, it is not yet clear whether BH residential staff and clients will be directed toward Walgreens and CVS or instructed to work with their local health departments. ODH formed a COVID-19 Vaccination Priority Populations Workgroup that began meeting on 12/9/2020 to support implementation of this strategy and the Ohio Council is participating on this important workgroup.

It has not been determined when members of the general public will have the option to receive vaccines. As information becomes available about the next phases of vaccine distribution, it will be made publicly available.

ODH released a Pandemic Vaccine Provider Update that walks through the initial Vaccine Distribution plan (Tier 1.a.) and includes links to a number of resources for organizations and professionals that are interested in or planning to participate by being a COVID-19 vaccine provider. This document also offers tips for professionals to talk about the available vaccines - safety protocols and side effects - to encourage community participation as more vaccines are manufactured and becomes available.

Rapid COVID-19 Testing Supplies

Following discussions with members, the Ohio Council reached out to OhioMHAS to seek support in accessing rapid COVID-19 testing particularly for clients and staff working in residential care settings. OhioMHAS indicated they are also experiencing challenges in obtaining rapid COVID testing for individuals being admitted to their hospitals. Providers that have medical directors or other medical staff are able to order rapid COVID-19 test supplies for use if they are CLIA waivered. OhioMHAS is in the process of purchasing the BD Veritor™ System for Rapid Detection of SARS-CoV-2, which is for use under an Emergency Use Authorization ONLY and is limited to laboratories CLIA certified labs, that meet the requirements to perform moderate, high, or waived complexity tests. OhioMHAS is not endorsing this product and there are other rapid test options available. However, as rapid testing has become a challenge, we are exploring opportunities for interested community BH providers to access these tests through Ohio Pharmacy Services. Further, OhioMHAS is also in contact with the Emergency Operations Center to explore other options particularly as colleges and universities have sent students home for the remainder of the calendar year. If your organization would be interested in exploring options to purchase the BD Veritor System through Ohio Pharmacy Services, please reach out to us.

Ohio Licensure Renewal Extensions

On 11/23/2020, Governor DeWine signed House Bill 404 which addresses several COVID-related issues. The legislation stipulates that no license or registration with an expiration date between March 9, 2020 and April 1, 2021 can be considered expired prior to July 1, 2021. With this, state professional licensing boards are extending state licensure or registration renewal\expiration dates from the previous emergency provision establishing a 12/1/2020 expiration date until 7/1/2021. Each state professional licensure board is in the process of sharing additional details on implementation with their licensees. We have shared the current available notices below. **Licensed professionals should note, this extension is not expected to change their original licensure expiration date or requirements for continuing education during the next licensure/certification renewal cycle. As such, licensed professionals that have completed their continuing education requirements are strongly encouraged to renew earlier than the July 1, 2021 expiration date.** Additionally, this applies to licensure issued by the Ohio Department of Mental Health and Addiction Services.

- CSWMFT Board Notice
- Chemical Dependency Board Notice
- Nursing Board Notice

OhioMHAS Suspends On-Site Certification Visits

OhioMHAS notified ADAMH Boards and state associations that Licensure and Certification staff will be temporarily suspending in person surveys for new and renewal applications for the next three weeks effective 11/24/2020.   This coincides with the Governor's request to help slow the spread of COVID-19 and is in line with many of the county stay at home advisories that have been issued. As they did in the Spring, they will continue investigating incidents and complaints, both remotely and in person if necessary. Additionally, OhioMHAS will be talking to providers to see if their technology permits a virtual survey; and they are exploring the possibility of loaning tablets to facilities that may not have appropriate tools in an effort to attempt to conduct their surveys remotely. OhioMHAS also reiterated the importance of providers submitting incident notification reports for COVID-19 positive staff, clients, and visitors that have received services at a licensed or certified site or through community-based care.

OhioMHAS Incident Notification for Positive COVID-19 Cases in Provider Organizations

As a reminder, on May 5th, 2020 MHAS sent an e-mail notice to all licensed and certified providers reminding providers of the incident notification and reporting requirements under OAC 5122-26- 13, Appendix A and OAC 5122-30-16, Appendix A. Specifically, MHAS reminded providers to review the definition of "Medical Events Impacting Provider/Facility Operations" under 5122-that states: *The presence or exposure of a contagious or infectious medical illness within a provider/facility, whether brought by staff, client/resident, visitor or unknown origin, that poses a significant health risk to other staff or clients in the provider/facility, and that requires special precautions impacting operations. Special precautions impacting operations include medical testing of all individuals who may have been present in the provider/facility, when isolation or quarantine is recommended or ordered by the health department, police or other government entity with authority to do so, and/or notification to individuals of potential exposure. Special precautions impacting operations does not include general isolation precautions, i.e. suggesting staff and/or clients avoid a sick individual or vice versa, or when a disease may have been transmitted via consensual sexual contact or sexual conduct.*

Providers are expected to submit incident reports to MHAS whenever a staff, client, resident or visitor tests positive for COVID-19 in their organization/facility so that appropriate resources can be shared to support your organization and to support tracking of potential COVID-19 outbreaks. If a provider/client that has not been onsite or seen in-person tests positive, you can choose not to report. This is applicable to all MHAS certified programs, not just residential programs. Click here for the [MHAS Incident reporting page](#).

Ohio Psychiatric Hospitals Accepting COVID Positive Patients

The Ohio Council raised concerns about inpatient psychiatric hospital bed capacity generally and specifically for individuals that have tested COVID positive due to expected "crowd out" effects in hospitals as more individuals are hospitalized for COVID-19. OhioMHAS has been working with the Ohio Hospital Association to identify psychiatric hospitals/units that are accepting COVID positive individuals. Below is the initial list we received and OhioMHAS is working with hospitals to expand this list of resources beyond the large urban settings. Please share this information with your crisis teams and providers. We will send any updates to this list that we receive.

- Rainbow Babies & Children's Hospital-child & adolescent psychiatry unit, only one at a time
- Cincinnati Children's-from their primary/secondary service areas
- University of Cincinnati Medical Center
- SUN Behavioral (Columbus)-they have provided IP psych services to COVID positive patients, but they do not have a COVID unit dedicated to positive patients; intake department is screening for positive patients when reviewing clinical information
- St. Vincent Charity Medical Center (Cleveland)
- University Hospitals of Cleveland

Additionally, if you have clients who are boarding in emergency departments due to limited capacity of inpatient units, reach out to MHAS Deputy Director for Hospital Services, Merissa McKinstry at Merissa.Mckinstry@mha.ohio.gov.

Parent and Family Support Toolkit

[The Parent and Family Support Toolkit](#) was prepared to assist with prevention, early intervention, and treatment of substance abuse and mental health during the COVID-19 pandemic. During these uncertain times, it can be difficult to transition our day-to-day operations to an online or physically distanced format. Substance misuse and mental health services cannot stop during this time of great need. This toolkit provides resources and suggestions on ways to continue to meet the needs of your community during unprecedented times.

Home Relief Grants Available Through Local Community Action Agencies

As the pandemic continues to create economic hardships for many families, Ohio has allocated $50 million from the Coronavirus Relief Fund from the CARES Act to 47 Community Action Agencies to help Individuals who are behind on rent, mortgage, and water and/or sewer utility bills may be able to receive assistance through [Home Relief Grants](#). Assistance can be applied to outstanding rent, mortgage, water, and/or sewer bills back to April 1, 2020. Ohioans can receive monthly assistance until the program ends on Dec. 30, 2020. Ohio households with an annual income at or below 200% percent of the federal poverty guidelines will be eligible for assistance. For a family of four, that is an annual income up to $52,400. Individuals who are currently unemployed will only need to provide proof of income for the last 30 days for verification purposes.

Click HERE for information on how to apply and help clients and families impacted in connecting with Community Action Agencies.

OhioMHAS CARES Act Funding Summary

A summary document of CARES Funding can be found on the Ohio Department of Mental Health and Addiction Services (OhioMHAS) website. The Controlling Board approved a request to redirect $15.2M of CARES Act provider relief fund money that was unclaimed from the $45M allocation originally designated for behavioral health providers. These funds will be distributed to behavioral health providers who deliver a continuum of care from prevention to recovery support to promote the mental health and wellness of youth, adults, and families. The application deadline has passed. Behavioral healthcare organizations that are active State of Ohio suppliers and have banking information filed with the state (i.e. registered in OAKS) will receive the payment via electronic funds transfer. All other payments will be made via check and mailed to the address provided in your application after verification by OhioMHAS. Payments will be issued by December 30, 2020 and must also be expended by this date. If you applied for these funds and have not yet received them, be sure to have a plan for the expenditure of the amount you requested in place.

OBM October Financial Report; Preliminary November Data

The Office of Budget and Management released the October 2020 state budget update. Overall, revenues continue to come in above estimates or as expected during this period of economic recovery. GRF and use of tax collections were $77 million or 10% above estimates. Alcohol and liquor sales tax collection continues to exceed budget estimates. While non-farm payroll continues to rebound, overall personal income tax revenue remains under budget by $18 million or 2.6% less than what was collected in 2019. On the expense side, Medicaid expenditures were 22% below projections, yet disbursement was above projection 13.8% largely due to a timing issue with the managed care quality withhold payment. The consensus among economic forecasters suggests that the economy will continue to grow in the fourth quarter of calendar year 2020. With most forecasts falling within the range of 1.5 to 3.8 percent; however, the economic recovery could slow or reverse if COVID-19 cases continue to rise and health related actions are implemented.

Preliminary November revenue data shows that General Revenue Fund (GRF) tax receipts finished the month $46.4 million (2.3%) above the budgeted estimate. For the fiscal year-to-date, tax revenues are running $393.6 million (3.8%) above estimate. Non-Auto Sales Tax collections were $25.7 million (3.1%) above estimate in November. Auto Sales Tax collections were $13.3 million (11.5%) above estimate in November, the sixth straight month in which that revenue category has exceeded estimate. Both of these are likely due to residual spending from federal COVID stimulus payments. Additionally, Personal Income Tax collections were $2.1 million (0.3%) above estimate for the month, while the Commercial Activity Tax was below the monthly estimate by $6.3 million (-1.9%) and remains below estimate fiscal year-to-date. OBM is continuing to closely monitor economic indicators and is clear that sustained economic recovery is directly linked to addressing the global pandemic. The full November report will be shared when available.

Telehealth & Billing

ODM and MHAS Telehealth Rules Made Permanent

On 11/15/2020, the ODM telehealth rule 5160-1-18 became permanent with a few changes from the emergency rules that organizations should be aware of and be sure they have implemented. All providers must include the "GT" modifier for telehealth services by the effective date of the new rule.

The permanent rule outlines the specific billing guidance in paragraph E(9), but indicates "unless stated otherwise in billing guidelines" prior to listing the requirements. This rule covers all Medicaid providers and several provider types, including behavioral health providers, have specific billing guidance that will still be followed. BH providers will still use the place of service for the practitioner OR the client and do not need to add the modifiers in appendix B to reflect patient location because BH providers have billing guidelines that do not require this. No additional modifiers are needed on BH claims to reflect patient location. However, the addition of the GT modifier does apply to BH providers.

Additionally, the rule maintains asynchronous activity by texting for BH providers. See paragraph A(3)(c) – which indicates telehealth services rendered by BH providers is as defined in 5122-29-31. The definition of telehealth in the MHAS rule does not specifically outline what is considered asynchronous and states, "Asynchronous modalities that do not have both audio and video elements are considered telehealth". However, we have previous guidance from ODM/MHAS that texting is included as an asynchronous activity.

- MITS Bits on the Use of Asynchronous modalities
- Telehealth Training 1 – slide 50 (POS guidance), slide 53 (asynchronous guidance)
- Telehealth Training 2 – slide 57 (POS guidance), slide 58 (asynchronous guidance)
- Provider Manual – page 89 (POS guidance)

Other key changes include the addition of interactive complexity (90785) for telehealth (effective 11/15/2020), Appendix A of the rule outlines all the allowed codes to bill by telehealth. Finally, paragraph C(4) requires patients to be seen in person at least annually for patients receiving services for longer than 12 consecutive months.

On 11/21/2020, the MHAS telehealth rule 5122-29-31 became permanent. There were no substantive changes made to the permanent rule from the emergency rule versions.

2021 Evaluation and Management Coding Changes

On September 1, 2020 the AMA announced the release of the 2021 CPT Code Set which includes the first major overhaul in more than 25 years for evaluation and management (E/M) codes. These foundational modifications were designed to make E/M office visit coding and documentation simpler and more flexible, freeing medical prescribers and care teams from clinically irrelevant administrative burdens that led to time-wasting note bloat and box checking. The changes to CPT codes ranging from 99201-99215 are proposed for adoption by the Centers for Medicare and Medicaid Services on Jan. 1, 2021.

The 2021 E/M office visit modifications include:

- Eliminating history and physical exam as elements for code selection, however these are still required as medically necessary.
- Allowing physicians to choose code level selection based on medical decision-making (MDM) or total time.
- Adding a new code for prolonged services when using time for code selection.
- Promoting payer consistency with more detail added to CPT code descriptors and guidelines in the 2021 CPT coding manual.

We previously shared a briefing on the changes. Additionally, we hosted a complimentary training for members. If you were unable to attend the training, the slides and handouts are available.

CMS 2021 Physician Fee Schedule & Permanent Expansion of Certain Telehealth Services

On 12/1/2020, the Centers for Medicare and Medicaid Services (CMS) published the final 2021 updates for the Medicare Physician Fee Schedule and Quality Payment Program, finalizing the expansion of certain telehealth services in Medicare and evaluation and management (E/M) payment redistribution. Specifically, the final rule adds more than 60 services to the Medicare telehealth list to be covered beyond the public health emergency and strongly encourages the adoption of electronic prescribing of controlled substances. These additions allow beneficiaries in rural areas who are in a medical facility (like a nursing home) to continue to have access to telehealth services such as certain types of emergency department visits, therapy services, and critical care services. Medicare does not have the statutory authority outside of the public health emergency to pay for telehealth to beneficiaries outside of rural areas or, with certain exceptions, allow beneficiaries to receive telehealth in their home. However, this is an important step, and as a result, Medicare beneficiaries in rural areas will have more convenient access to health care. The bulk of the rule will be effective on January 1, 2021. Click here for the final rule and the physician fee schedule fact sheet.

Additionally, CMS announced a commissioned study of its telehealth flexibilities provided during the COVID-19 PHE. The study will explore new opportunities for services where telehealth and virtual care supervision, and remote monitoring can be used to more efficiently bring care to patients and to enhance program integrity, whether they are being treated in the hospital or at home.

In the March 31, 2020 COVID-19 interim final rule, CMS established separate payment for audio-only telephone (E/M) services. CMS did not propose to continue to recognize these codes for payment under the PFS in the absence of the COVID-19 PHE but sought comment on this position. Based on support from commenters CMS is establishing payment on an interim final basis for a new audio-only HCPCS G-code describing 11-20 minutes of medical discussion to determine the necessity of an in-person visit.

Expiration of the PHE will end the ability of providers and patients to conduct all of these services via audio-only communication, from the patient's residence, and from locations in urban areas. These three Medicare telehealth limitations are written into statute at section 1834(m) of the Social Security Act, and CMS lacks the statutory authority to modify them. It was only through its waiver authority under section 1135 of the Social Security Act that CMS could temporarily remove these limitations during the PHE. Therefore, removing these three limitations to Medicare telehealth coverage requires Congress to pass legislation modifying section 1834(m) of the Social Security Act. There is a summary of changes here.

ODM Urine Drug Screen Changes for 2021

[ODM announced Urine Drug Screen (UDS) Changes](#) starting in early November 2021. ODM will continue to follow the [frequency guidelines for UDS that were established in July 2019](#) prior to requiring prior authorization. Prior authorization will be required only when more than 30 presumptive drug screens or 12 definitive drug tests are provided within a benefit year.

As of January 1, 2021, the same guidelines will be incorporated into the Medicaid clinical laboratory rules set forth in Chapter 5160-11 of the Ohio Administrative Code. In addition, as of January 1, 2021, ODM will adopt the HCPCS codes maintained by the Centers for Medicare and Medicaid Services (CMS) for the reporting of definitive urine drug tests and will no longer recognize the definitive drug test CPT codes established by the American Medical Association (AMA). This change affects definitive urine drug tests only; providers reporting presumptive urine drug screens will continue to use CPT codes (80305 – 80307). See the linked ODM announcement for the table of HCPCS codes. Prior authorization will be required for definitive drug tests involving 22 or more drug classes. ODM will be updating the laboratory fee schedule as a result of this change. The initial Medicaid maximum payment amount for these definitive tests will be set at 80% of the corresponding Medicare amount.

OhioMHAS Releases "Learn About Telehealth" Infographic

Some Ohioans may not fully understand telehealth or may be hesitant to use it. This new [infographic](#) developed by the OhioMHAS Office of Public Affairs explains what telehealth is and provides some basic, reassuring facts that can help put people's minds at ease when it comes to accessing services in a non-traditional way. Please share this educational information with your community as appropriate.

Accessing Supplies and Personal Protective Equipment

As COVID-19 cases continue across the country, access to PPE remains difficult in some areas, and the long terms costs for PPE supplies are challenging budgets. MHAS shared that ODH and the state emergency management agency (EMA) have been stockpiling PPE supplies. BH Providers, as essential health care providers, needing access to PPE are encouraged to reach out to your local EMA to seek access to supplies via the stockpiles. You should also connect with your local ADAMH Board, who may be able to support your request to the local EMA.   Additionally, the following is the best guidance and creative problem solving available currently for obtaining supplies from reputable sources.

- Contact your local health department(s) or emergency management agency (EMA). To request access to cleaning supplies and personal protective equipment. Here's the list of [Ohio County Emergency Management Directory](#).
- Reach out to local schools (K-12, colleges/universities, cosmetology), restaurants, bars, salons, specialty medicine (dentists, veterinarians, etc.), and through your organization's social media account(s) to inquire about availability of supplies for purchase or donation.
- The State of Ohio is asking residents and businesses who can donate PPE, or any other essential service or resource, to email together@governor.ohio.gov. Please share on your websites and via social media.
- [Ohio Manufacturers Retooling and Repurposing to Create PPE](#) - alternative sources for some PPE items. Items available here include face shields, hand sanitizer, cotton (reusable) face masks, gowns, non-cotton face masks, gloves, and other items.

- [JobsOhio has created a PPE Database](#) (scroll down the page) which includes information on manufacturers, distributors, and potential contract manufacturers to connect with PPE resources.
- #GetUsPPE is a grassroots movement founded by physicians and medical researchers on the frontlines of the COVID-19 pandemic. They are working to ensure healthcare facilities have access to supplies they need. Several members have had success with this site. https://getusppe.org/request/.
- A local company, Aunt Flow, is currently leveraging their network and resources to help provide PPE.   Right now, they have available FDA Approved Masks. You can learn more and [order HERE](#). Order limits are currently 2,000. If you have questions or need larger orders, please contact Claire Coder at [claire@auntflow.org](#).
- An Ohio-based company members can contact for N95 masks is Accord Medical Staffing at (440) 205-1930 or www.accordmedstaffing.com. Please contact Ashley with questions at: ashleyg@accordmedstaffing.com.
- [WB Mason](#). This company appears they have hand sanitizer, thermometers, and surgical masks. Shipments appear to be 2-3 weeks.
- Thermometers: Through our discussions with MHAS and OPS, they have provided us with a source to purchase no-touch thermometers. https://ihealthlabs.com/. They currently have stock and can ship supplies quickly. It is recommended to order through their website. Questions can be sent to Jeff Li at [Jeff@ihealthlabs.com.](#)
- A grassroots effort is underway to assist medical facilities, health care providers (including behavioral health care settings, ACFs, etc.), and first responders who do not have face masks available. [Operation Face Mask](#), launched by Air Force veteran and nurse Jenn Andrade and local partners, is recruiting individuals with sewing skills to donate homemade masks to be distributed. The group encourages donors to follow the [recommended guidance](#) from the CDC for sewing a homemade face mask. The group cannot pay for material, sewing supplies, shipping, or time, but welcomes any contributions. Masks may be mailed to Jennifer Andrade, P.O. Box 141415, Columbus, OH 43214. Click [HERE](#) to request masks.
- **Reduced Cost PPE Supplies - National Council Partnership with Panacea Life** - The National Council for Behavioral Health has established a partnership with [Panacea Life](#) to deliver a variety of PPE at reduced rates. To take advantage of this opportunity, [visit Panacea Life's online store](#), where you will find a variety of PPE for purchasing. For information on each item, including shipping information, please click on the item. This store will be regularly updated based on available inventory. Questions - [Contact](#) NC.
- Report any unscrupulous vendors or price gouging to the [Attorney General](#).

COVID-19 State Orders and Guidance

[All COVID-19 Public Health Orders](#)

Non-COVID Resources

Federal Policy & Resources – Non-COVID Related

Medicare Value Based Opioid Use Disorder Treatment Program RFA

CMS launched a [Value in Opioid Use Disorder Treatment](#) program, a new demonstration focused on increasing access to OUD treatment services to eligible Medicare beneficiaries, including dual eligible clients. Participants will receive payments to support patient-centered OUD treatment services and performance-based incentives. This opportunity is open to CCBHCs, CMHCs, OTPs and FQHCs. National Council has drafted a [brief summary](#) of the opportunity and eligibility or you can access the full demonstration program and RFA [here](#). Applications are due January 3, 2021.

Federal Court Orders Class-Wide Remedies in Wit v. United Behavioral Health Parity Case

The federal court overseeing *Wit v. United Behavioral Health* issued the attached remedies order in early November. In its [99-page ruling](#), the court explained the need for: (1) a 10-year injunction requiring UBH to exclusively apply medical necessity criteria developed by non-profit clinical specialty associations; (2) appointment of a special master; (3) training of UBH in the proper use of court-ordered medical necessity criteria; and (4) reprocessing of nearly 67,000 mental health and substance use disorder benefit claims denied during the class period for more than 50,000 ERISA insured members. While this is a momentous and precedent setting victory, more parity work remains. Non-ERISA insureds adversely impacted by UBH's defective guidelines must rely on state and federal regulators to intervene on their behalf.

HHS Finalizes Anti-Kickback and Stark Reforms that Simplify Compliance and Promote Value-Based Care

On November 20, 2020, the Department of Health and Human Services (HHS) published two rules that finalize sweeping reforms to the regulations governing fraud and abuse in the Medicare and Medicaid programs. The [first rule](#), published by the HHS Office of Inspector General (OIG), focuses primarily on the Anti-Kickback Statute (AKS). The [second rule](#), published by the Centers for Medicare & Medicaid Services (CMS), addresses the Physician Self-Referral Law, commonly referred to as the "Stark Law." These final rules take effect on January 19, 2021. OIG and CMS have finalized the new AKS safe harbors and Stark exceptions that protect value-based arrangements among healthcare providers.

New AKS Safe Harbors: OIG has finalized several new safe harbors that address value-based care, including three "tiered" safe harbors tied to the level of downside financial risk, a fourth safe harbor that promotes "patient engagement tools and support," and a safe harbor that protects arrangements within CMS-sponsored care models.

OIG finalized three safe harbors tied to the level of financial risk:

- *Full Financial Risk*. For at least one year, the value-based enterprise (VBE) receives prospective payments from the payor for all covered services for the target patient population (e.g., global capitation or global budgets).

- *Substantial Downside Financial Risk.* The VBE's arrangement with both the payor *and* with the VBE participant(s) satisfy the rule's definition of "substantial downside" risk. The final rule makes certain adjustments to the parameters for qualifying risk models, which include shared savings and losses, bundled payment, and partial capitation.
- *Care Coordination Arrangements.* VBE participants may exchange *in-kind* benefits to promote evidence-based care coordination, as long as the arrangement is commercially reasonable, and the recipient contributes at least 15% of the cost.

Each of these three safe harbors is subject to a variety of additional safeguards, including the following:

- All remuneration among VBE participants must be used predominantly for value-based purposes, and may not induce VBE participants to limit medically necessary services, include ownership or investment interests, or involve patient recruitment or marketing;
- The value-based arrangement may not take into account the volume or value of referrals or other business *outside* the arrangement; and
- The arrangement must be set forth in writing and the VBE participants must maintain records for at least six years to establish their compliance with all safe harbor requirements.

OIG also finalized a fourth safe harbor allowing VBE participants to furnish patients with up to $500 annually in in-kind benefits that meet the rule's definition of "*Patient Engagement Tools and Supports*." Whereas the proposed rule included specific examples of permitted tools and supports, the final rule permits any item or service that is recommended by the patient's licensed healthcare professional in connection with patient safety, disease prevention and management, or adherence to a treatment plan or drug regimen, subject to meeting certain safeguards.

For more information on these changes, we recommend reviewing the Manatt Summary.

National Equity Atlas – Advancing Workforce Equity in the U.S. Report

In the wake of the coronavirus pandemic, massive job losses, rapidly evolving business models, and accelerating technological change are dramatically reshaping the US economy. This report, produced in partnership with Burning Glass Technologies and the National Fund for Workforce Solutions, provides a comprehensive analysis of long-standing racial gaps in labor market outcomes, the economic impacts of COVID-19, and the racial equity implications of automation. The report provides in-depth analysis of disaggregated equity indicators and labor market dynamics, finding that white workers are 50% more likely than workers of color to hold good jobs and that eliminating racial inequities in income could boost the US economy by $2.3 trillion a year. In addition to detailed data analysis on the state of racial inequities in jobs and opportunity, the report offers a framework for action to advance workforce equity, where racial income gaps have been eliminated, all jobs are good jobs, and everyone who wants to work has access to family-supporting employment. Download the report.

NIMH Releases Information on Seasonal Affective Disorder

Many people go through short periods of time where they feel sad or not like their usual selves. Sometimes, these mood changes begin and end when the seasons change. People may start to feel "down" when the days get shorter in the fall and winter and begin to feel better in the spring, with longer daylight hours. In some cases, these mood changes are more serious and can affect how a person feels, thinks, and handles daily activities. Significant changes in mood and behavior whenever the seasons change may be related to seasonal

[affective disorder (SAD)](#), a type of depression.

CDC Releases Smoking Cessation Resources

The Centers for Disease Control and Prevention (CDC) [Office on Smoking and Health](#) has released new smoking cessation resources, including a [video](#) on the benefits of quitting. Click [HERE](#) to see a new infographic and [HERE](#) to view a new "Learn About Quit Smoking Medications" web page.

SAMHSA Publishes Crisis Services Guidelines & Toolkit

The Substance Abuse and Mental Health Services Administration (SAMHSA) has published "**[Crisis Services: Meeting Needs, Saving Lives](#)**," a compendium detailing crisis intervention services, best practices and related components of crisis services, for use by a wide array of community leaders and health care providers to work toward better outcomes for Americans in crisis. The book is composed of SAMHSA's "National Guidelines for Behavioral Health Crisis Care: Best Practice Toolkit" and related papers on crisis services. The toolkit reflects relevant clinical and health services research, review of top national program practices and replicable approaches that support best practice implementation. The related papers address key issues relevant to crisis services, homelessness, technology advances, substance use, legal issues impacting crisis services, financing crisis care, diverse populations, children and adolescents, rural and frontier areas, and the role of law enforcement.

As a reminder, in October, SAMHSA released a mobile app, **[My Mental Health Crisis Plan](#)**, which allows individuals who have serious mental illness (SMI) to create a plan to guide their treatment during a mental health crisis. The app was developed through SMI Adviser, a project funded by SAMHSA and administered by the American Psychiatric Association.

State Policy & Resources – Non COVID Related

MH/SUD Insurance Parity Legislative Update

The Ohio Council working as a member of the Ohio Parity Coalition advocated throughout this Ohio General Assembly term for greater awareness and enforcement of the federal mental health parity and addiction equity act (MHPAEA) of 2008. For too long, insurance companies have treated mental health and addiction conditions differently than traditional physical ailments. Indeed, data shows that behavioral health providers are reimbursed at twenty percent less than other providers and access to a behavioral health provider, especially for children and adolescents is greatly reduced when compared to other networks. Accordingly, the Ohio Parity Coalition worked with legislators to sponsor bipartisan bills that would update Ohio's revised code so that it is consistent with the federal parity law; increase transparency and accountability of insurance practices concerning MH/SUD claims; and implement best practices for expanding access to SUD medications. After a series of legislative hearings and a host of meetings and discussions with the DeWine administration and stakeholders, a compromise was reached to advance compromise parity language. The [amendment was included in SB 284](#) and passed by the House and Senate and is now expected to be signed by the Governor. The compromise statutory language would recognize the MHPAEA in Ohio revised code and require the Departments of Insurance and Medicaid to ensure compliance and enforce the parity laws while also investigating insurance parity complaints. Moreover, the amendment grants rule-making authority so departments can further implement the new parity requirements. The Ohio Council is pleased with this first-

step and is scheduled to meet with DeWine administration officials soon to begin discussing further efforts to address insurance companies' unfair treatment of MH/SUD conditions.

OBM Director Previews Governor DeWine's Capital Budget Request

The Office of Budget and Management (OBM) Director Kimberly Murnieks informally presented Governor DeWine's Capital Improvements Budget for fiscal years 2021 and 2022 to the Ohio Senate Finance Committee. In testimony, Director Murnieks shared that the capital budget will make appropriations for the renovation, reconstruction, and construction of capital assets of state agencies, colleges, universities, and school districts. It also funds a program of grants and loans to local governments for infrastructure projects throughout the state. Additionally, a portion of appropriations in the capital budget will provide funds to support targeted projects of local or regional importance.

The $2.0 billion in capital appropriations in this proposal, along with the $512.5 million appropriated for the Public Works Commission and the Ohio Facilities Construction Commission in Senate Bill 4, total $2.5 billion in GRF bond funded appropriations for the FY 2021-2022 capital biennium. The capital appropriations recommended are manageable and affordable within our current and future budget capacity, keeping the State well under the constitutional five percent limitation on debt service as a percent of revenue and likely will come in under four percent.

The yet to be released bill package will include $95.6 million in new appropriations for the Department of Mental Health and Addiction Services to fund the general renovations at the state psychiatric hospitals and our continued support of community recovery housing and program space for the mentally ill and drug addicted.

Other key appropriations include:

- $452 million for higher education projects;
- $309.5 million for K-12 buildings through the Facilities Constriction Commission;
- $280 million for the Public Works Commission;
- $280.6 million for prisons; and
- $253 million for natural resources facilities;

Ohio House and Senate Announce Leadership Teams for 134th GA

The Ohio House and Senate GOP wasted no time in selecting their leadership teams for the 134th Ohio General Assembly (2021-2022). While House members voted to retain Rep. Bob Cupp of Lima as the Speaker of the House, they largely overhauled the other members of their leadership group. Rep. Tim Ginter of Salem will serve as speaker pro tempore; Bill Seitz of Green Township is majority floor leader; Rick Carfagna of Genoa Township is assistant majority floor leader; Don Jones of Freeport is majority whip; and Cindy Abrams of Harrison is assistant majority whip. As expected, the Senate Republican caucus announced Sen. Matt Huffman, a longtime state lawmaker from Lima, will serve as president of the Ohio Senate starting in January. He will succeed term-limited Sen. President Larry Obhof. The rest of the new leadership team will include Sen. Jay Hottinger of Newark as president pro-tempore; Sen. Kirk Schuring of Canton as majority floor leader and Sen. Rob McColley of Napoleon as majority whip.

Medicaid Awards Fiscal Intermediary Contract

The [Ohio Department of Medicaid (ODM) announced that Gainwell Technologies](#) was awarded the contract to serve as the fiscal intermediary as part of a larger overhaul of Medicaid managed care. The fiscal intermediary is a part of a larger effort to modernize ODM's management information systems, developed in accordance with the Centers for Medicare and Medicaid Services (CMS) guidance. Adopting CMS' modernization guidance saves substantial expense in design, building and maintenance costs, and allows for real-time data access.

The fiscal intermediary will serve as a single clearinghouse for all provider claims and prior authorization requests, validating transactions and routing requests to the appropriate managed care organization (MCO) for resolution and reimbursement. In addition to streamlining the claims process, the fiscal intermediary will strengthen ODM's ability to assess compliance with Medicaid managed care regulations, review encounter data, and track performance measures.

For providers, the fiscal intermediary will:

- **Lighten the administrative load**: Providers will submit and monitor all claims and prior authorization requests through a single system vs. having to manage these transactions with each individual MCO.
- **Streamline and standardize the prior authorization process**: Ohio Medicaid will require MCOs to develop necessary electronic exchanges to assist with coordinating service authorization requests through ODM's fiscal intermediary.
- **Provide timely updates on claims and prior authorization status**: Providers will have an opportunity to correct claims errors that lead to denials and expedite the review and reimbursement cycle.

ODM has not yet publicly announced an implementation date, however the estimated go live date from the [RFP](#) was set for 10/29/2021. We will share more information once a date is confirmed.

ODM Releases Draft Rule on Provider Credentialing

As a reminder, The Ohio Department of Medicaid (ODM) [posted notification on their website](#) related to upcoming changes in the provider portal and credentialing process. On March 8, 2021, ODM will launch its Provider Network Management (PNM) module and a new provider portal. Together these tools will offer a streamlined, user friendly interface for enrollment and revalidation. The PNM module will replace MITS and will:

- Allow providers to submit change requests online vs. submitting by mail or e-mail
- Introduce a single-entry provider portal to support claims, prior authorization, and cost report submissions, as well as eligibility verification

At the same time, ODM will launch a centralized credentialing process. In early November, ODM posted the [initial draft rule on Provider Credentialing](#). After review, the Ohio Council reached out to ODM to seek additional clarification to ensure behavioral health providers will be able to continue group practice level credentialing, understand the intersection of provider screening (criminal background checks) and credentialing review of criminal history, and support efforts to streamline and implement centralized credentialing. The Ohio Council's comments on this draft rule are available [here](#). We are having continued conversations with ODM about the implementation of this rule and the new processes for provider credentialing and enrollment to ensure minimal administrative burden for behavioral health providers. More information and training will be shared about what these changes mean to providers and how to prepare.

Ohio Medicaid Releases OhioRISE RFA to Support Youth with Serious Behavioral Health Conditions

On October 28, 2020, ODM released the [OhioRISE (Ohio Resilience through Integrated Systems and Excellence) RFA](#) seeking bidders to offer a single, specialized managed care program serving Ohio's kids with the most complex behavioral health and multisystem needs. According to the [ODM press release](#), OhioRISE will introduce a child-and family-centric plan covering targeted behavioral health services. The model will consist of a network of behavior health providers and care management entities that work together to deliver intensive, coordinated services and reach more children and families statewide.

OhioRISE will fill a void that leaves many children and families without access to the care they need. OhioRISE seeks to create a seamless delivery system for children, families, and system partners, and drive toward improving cross-system outcomes, improving the availability of in-home and community-based services, reducing the use of out-of-home care, and leveraging the state's resources across all agencies to support this unique population of kids. The OhioRISE plan will be responsible for assisting the state with developing service capacity and improving cross-system outcomes. OhioRISE's governance will be shared by Ohio Medicaid and Governor DeWine's Family and Children First Cabinet Council, though ODM will hold the program contract. The Governor's Office of Children's Initiatives, Ohio Family and Children First, and the Departments of Mental Health and Addiction Services, Job and Family Services, Developmental Disabilities, Youth Services, Rehabilitation and Corrections, Education, and Health have been deeply involved in developing OhioRISE.

ODM and the Governor's Family and Children First Cabinet Council are committed to immediately convening stakeholders to support program and service design and implementation strategies that will be supported by OhioRISE.

Managed care plans interested in serving as the OhioRISE vendor have until December 16, 2020 to submit their applications. ODM anticipates announcing the selected OhioRISE plan by February 19, 2021, executing final contacts by March 8, 2021. The OhioRISE program is tentatively scheduled to launch January 2022.

The Ohio Council has prepared an [OhioRISE Synopsis](#) that identifies the key features and requirements of the new program. This synopsis is built around the [Medicaid Managed Care RFA synopsis](#) as many of the standard managed care elements are the same. OhioRISE features and requirements are captured in blue type for ease of identification.

RFP: Child & Adolescent Behavioral Health Center of Excellence

The State of Ohio is transforming its approach to children, youth, and families who require support from multiple state systems, to achieve a widespread and sustainable system of care across Ohio. The focus of this effort is expanding the continuum of care and building service capacity to serve Ohio's highest need children and youth; modernizing the way care is delivered for these children and youth, prioritizing young people in the custody of children's services; and preventing custody relinquishment. System transformation focuses on preventing unnecessary out-of-home placements and early intervention, including for the early childhood population, through cross-system partnerships that expand access to home visiting programs and other in-home services and supports.

The Ohio Department of Mental Health and Addiction Services (OhioMHAS), in conjunction with the Departments of: Job and Family Services, Medicaid, Youth Services, Developmental Disabilities, and Health and the Ohio Family and Children First, is seeking a vendor to develop and implement a Center of Excellence (COE) approach for building and sustaining a standardized assessment process, evaluating the effectiveness of

services, and expanding service and care coordination capacity for children with complex behavioral health needs and their families. The role of the COE will be to assist the State in system transformation efforts by providing the orientation, training, coaching, mentoring, and other functions/supports needed by the provider network in order to build and sustain capacity in delivering evidence-based practices to fidelity within a system of care framework.

Click HERE to view the RFP. **The deadline for submitting proposals is Jan. 8, 2021, at 5:00 p.m**.

Ohio SOR 2.0 Funding Update

As part of Ohio's State Opioid Response project, OhioMHAS released a request for applications (RFA) for Integrated Behavioral Health Care (MHA-FY21-SOR-IBHS-CommPln-20) with the intent of awarding up to $50,000,000 per year to Boards, which will in turn support substance abuse prevention, treatment and recovery programs in their communities. County boards were encouraged to fund services and supports incorporated in their annual community plans addressing the boards' vision to establish a culturally competent system of care and the boards work to achieve that vision. SOR 2.0 awards have not been announced but are expected in the near future.

Additionally, OhioMHAS intends to use the remaining SOR 2.0 funds to support state to state collaboration ($15 million), media campaigns ($5.5 million), workforce initiatives ($4.5 million), Innovation ($3 million), community based projects ($2.7 million) and data collection/management of GPRA ($1.1 million).

Measuring Access Points: Capacity Measurements

The Ohio Department of Mental Health and Addiction Services (OhioMHAS) has long been able to describe the number and characteristics of clients and how they are served in Ohio's publicly funded behavioral health system. The problem with knowing only how many publicly funded clients are served is that it does not allow for a picture of the full system's capacity. To gain a better picture of the system's full capacity, OhioMHAS has developed a tool, called Measuring Access Points (MAP), to measure the treatment capacity of Ohio community behavioral health treatment providers as the sum of used and unused slots.

Benefits of this analysis include:

- Planning on the state and local level
- Analyze information for what communities have service gaps and provide technical assistance to close those gaps
- Answer inquiries from legislature and media on the capacity of the field

It is vitally important that as many provider agencies as possible participate in this project. OhioMHAS is planning on deploying the web-based survey in the coming weeks and further instructions will be sent in advance of the survey being opened to allow providers time to gather the data. Questions can be emailed to laura.potts@mha.ohio.gov.

New Bed Registry Aims to Improve Access to Mental Health Treatment

[The Ohio Department of Mental Health and Addiction Services (OHioMHAS) announced the launch of Behavioral Health Connection, or B-CON](#), an online psychiatric bed registry meant to help with timely admissions to psychiatric units in Northeast Ohio.

MHAS said Ohio is among 23 states given $150,000 grants from the federal Substance Abuse and Mental Health Services Administration (SAMHSA) to create or expand psychiatric crisis bed registry programs. B-CON is built on the OpenBeds platform, which provides real-time information on available psychiatric beds. The portal will be used by emergency departments, psychiatrists, and other physicians and clinicians to quickly find available beds to help people in psychiatric crisis. Staff at each hospital will regularly update psychiatric bed availability as patients are discharged and beds become available. Although the project initially focuses on improving access to inpatient psychiatric care, it is expected to enhance access to outpatient services, support services, and care for substance use disorders as the system expands in Northeast Ohio and to other regions of the state.

Participating hospitals include Akron Children's Hospital; Ashtabula County Medical Center; Assurance Health (Hudson); ClearVista Health and Wellness (Lorain); Generations Behavioral Health (Geneva); Highland Springs; MetroHealth System; Northcoast Behavioral Healthcare (Northfield); Southwest General Hospital-Oakview Behavioral Health (Middleburgh Heights); and St. Vincent Charity Medical Center. Community partners include National Alliance on Mental Illness (NAMI) Ohio, Lorain Mental Health and Drug Court, and Portage Mental and Drug Court. Additional partners are expected to join the project.

Resource Guide Available for Suicide Prevention in Higher Education

The [Ohio Program for Campus Safety and Mental Health](#) (OPCSMH) has released [SUICIDE PREVENTION, INTERVENTION AND POSTVENTION: A Resource and Programming Guide for Ohio Institutions of Higher Education](#), a publication that combines examples of how mental health services could be improved in Ohio institutions of higher education through expanded funding, including relevant COVID-19 data and research, and specific suicide prevention, intervention and postvention resources with contact and cost information. This publication is particularly timely because [GEERS/CARES Act funding](#) for mental health initiatives is available for Ohio institutions of higher education.

Suicide Prevention Video Series

OhioMHAS announced the release of a four-part video series focused on prevention of suicide and supports for people with mental health concerns. Suicide in Ohio: Conversations, was developed in partnership with the Ohio Suicide Prevention Foundation (OSPF) and will launch on The Ohio Channel/PBS stations beginning Dec. 10 at 8 p.m. The Ohio Channel produced the videos as a component of Ohio's goal to raise awareness of suicide and prevent future deaths. Additional scheduled air dates on PBS channels will be Dec. 13 at 5 p.m. and Dec. 19 at 10 a.m. *Suicide in Ohio: Conversations* will continue to be broadcast in regular rotation with PBS specials and documentaries.

The videos and additional information on Ohio's Suicide Prevention Plan and other efforts to prevent suicide can be viewed and found at https://mha.ohio.gov/Families-Children-and-Adults/Suicide-Prevention#conversation.

ODH Releases 2019 Drug Overdose Reports

In early November, the Ohio Department of Health (ODH) released the 2019 Drug Overdose Report and the 2019 Drug Overdose Demographic Summary. While the 2018 unintentional drug overdose death rate was the lowest since 2015, from 2018 to 2019, the overdose death rate increased by 6.4% to a rate of 36.4 deaths per 100,000 population, which is similar to the 2016 rate. Beginning in the second quarter of 2017, the number of unintentional overdose deaths began to decrease, and this trend continued into the first half of 2018. However, the number of deaths began to increase in the second half of 2018, and 2019 deaths saw steady increases each quarter.

In 2019, 4,028 Ohioans died from unintentional drug overdoses. Fentanyl was involved in the majority of drug overdose deaths among all sex and race/ethnicity groups. Deaths related to psychostimulants increased 46.6% and surpassed the number of deaths related to heroin. Black non-Hispanic males had the highest drug overdose death rate in Ohio compared with other sex and race/ethnicity groups. From 2018 to 2019, Black non-Hispanic males and females had the largest increases in overdose death rates (30.0% and 21.9%, respectively). From 2018 to 2019, the drug overdose death rate decreased or remained the same for age groups under 35, while the remaining groups experienced increases. Individuals aged 65 and older had the largest rate increase in 2019 (23.0%).

As the effects of the coronavirus pandemic continues, there is great concern that that isolation, anxiety, depression, and mental health challenges will continue to exacerbate overdose deaths in Ohio. Additional strategies are being deployed to improve access to naloxone, expand harm reduction practices, redouble prevention strategies, and promote access to a full continuum of treatment services. Through the Healing Communities grant, Ohio has established a goal of reducing opioid overdose deaths from the 2017 rates by 40% by 2022. Achieving this goal will require intense collaboration using data informed strategies.

OSAM Drug Abuse Trend Report: June 2019 – January 2020

The Ohio Substance Abuse Monitoring (OSAM) Network has released its latest report: *Surveillance of Drug Abuse Trends in the State of Ohio – June 2019-January 2020*. Click HERE to view/download/print the full report. Overall, many areas of Ohio are experiencing a decrease in reported use of prescription opioids and heroin, however, access to fentanyl and fentanyl mixed with other substances such as cocaine and methylphenidate are rising. Also, most areas of Ohio are reporting increased marijuana, particularly the oil or waxy highly concentrated THC form of the drug known as "dabs". Methylphenidate availability is also up in many areas of Ohio. This regional information is useful in-service delivery and program planning.

OARRS Interactive Data Tool

Ohio's prescription drug monitoring program (PDPM), known as the Ohio Automated Rx Reporting System (OARRS), collects information on the distribution of prescription, controlled substances and two non-controlled drugs, gabapentin and naltrexone, to Ohio patients.

To assist state and local partners in better understanding the distribution of these medications in their communities, the State of Ohio Board of Pharmacy developed a PDMP Interactive Data Tool. This interactive tool allows users to select from various visualization options including: combination charts, maps, county comparisons, gender comparisons, age comparisons, and county tables. For additional information about the data, please review the PDMP Interactive Data Tool Technical Notes.

ODH Resource Coordination and Social Support Registry – Please Reply by December 21st

The Ohio Department of Health (ODH) is developing the Resource Coordination and Social Support Registry to identify organizations that support individuals, families, and communities who may experience disparities related to health and wellbeing. This information will be collected to support outreach for programs administered by ODH. This survey will be sent once annually to update the Registry. The survey asks for information specific to the organization (e.g. address, service area, services provided, and population served). Only one person per organization should complete this survey. Your input is invaluable and will support the ODH in its mission to improve the health and wellbeing of all Ohioans. **Please complete the survey by Monday, December 21. To fill out the survey, click here**.

Children's Services Transformation Final Report Released

Governor Mike DeWine released the Children Services Transformation Advisory Council's final report, which includes recommendations for reforming Ohio's children services system. The advisory council is made up of a wide range of families, youth, and subject matter experts from across the state. From November 2019 to January 2020, members held 10 forums to hear from hundreds of Ohioans about their experiences with the children services system and their ideas for its improvement. The 37 recommendations address: Prevention; Workforce; Practice; Kinship; Foster Care; Adoption; and Juvenile Justice.

Many of the recommendations summarize needs and efforts underway to implement the federal Family First Prevention Service Act, Multisystem Youth Action Plan, and improve access and kinship care, adoption, and foster care. The Ohio Department of Job and Family Services will now prioritize implementation of these recommendations, ensuring lasting change for Ohio's children and families.

School – Community Partnership Remote Learning Subgrant Funding Opportunity

RemotEDx, Ohio's suite of remote learning supports through the Ohio Department of Education, wants you to know about a new funding opportunity aimed at building and strengthening nonprofit and community-based partnerships to enrich remote education opportunities, especially for underserved students. These subgrants will be available to organizations partnering with a school, district or consortium of schools or districts to help improve, enhance and enrich remote caring, teaching and learning opportunities for Ohio's most underserved students. Applicants may apply for subgrant awards of up to $150,000.   Eligible applicants include nonprofit organizations focused on education or student success, children services and behavioral and mental health partners, nonprofit organizations that represent the voices of key stakeholders, institutions of higher education and business-related nonprofit organizations.

Applicants should be able to outline a plan for use of the funds that will achieve one or more of the following in collaboration with a school partner:

1. Identifying, creating, and implementing high-quality instruction.
2. Supporting student wellness, participation, and engagement.
3. Supporting professional learning for school leaders and educators.
4. Supporting learning management systems and interoperable platforms.
5. Capturing and sharing lessons learned from two decades of e-learning.

You can apply for this new subgrant opportunity now through Jan. 15, 2021. Application information and forms are available on the RemotEDx website. Notices of grant awards are expected to be issued by Feb. 1, 2021. Grant funds will be available beginning Feb. 15, 2021. This project is funded by CARES Act Elementary and Secondary School Emergency Relief Fund, which permits expenditures through June 30, 2021.

Winter Weather Alert 2020-21

OhioMHAS Medical Director Dr. Justin Trevino released an updated Winter Weather Alert to provide guidance to inpatient and community providers on preventing cold-weather related injuries. The document includes a number of tips to prevent frostbite, falls, and other common injuries during the winter months.

Governor DeWine Announces Law Enforcement Minimum Standard on Mass Protests

On 12/4/2020, Governor DeWine announced the development of a new statewide minimum standard for law enforcement officers' response to mass protests and demonstrations. The Governor also announced changes to Ohio's minimum standard for use of deadly force which now largely prohibits chokeholds and similar maneuvers. The new and modified standards were adopted during a virtual meeting of the Ohio Collaborative Community-Police Advisory Board. Governor DeWine called for the collaborative to address chokeholds and mass protests in response to the death of George Floyd and the nationwide protests that followed.

Law enforcement agencies seeking certification or recertification in the Collaborative's primary standards must now prohibit the use of chokeholds or other vascular neck restraints in all circumstances except when officers are justified in using deadly force to defend themselves or others from serious physical injury or death. To gain certification in the new mass protest standard, agencies must develop a policy that protects public and officer safety while also upholding the constitutional rights of expression, assembly, and freedom of the press. The policy should restrict the fewest freedoms possible; limit the use of force, coercion, and intrusiveness; target only harmful behaviors and conditions; and deploy predictable and unbiased tactics.

The Ohio Collaborative was formed in 2015 to create uniform minimum standards for Ohio's law enforcement agencies covering use of force, including deadly force, and hiring and recruitment. 471 law enforcement agencies in Ohio have voluntarily complied with these primary minimum standards, and an additional 113 agencies are in the process of certification. These agencies employ 94 percent of all of Ohio's law enforcement officers, a 15 percent increase since June. These agencies serve 86 percent of Ohio's total population.

OhioData Portal

Lt. Governor Husted announced the launch of the DataOhio Portal, which delivers datasets and interactive visualizations to Ohioans. This portal delivers unprecedented access through an innovative, data-sharing platform for state agencies and their partners. Currently, there are 213 datasets available from 71 programs contributing data. The goal is to create a one-stop-shop for the state's data, create a secure platform to data access and displaying datasets in a manner that is transparent and accurate. This work has been underway for the better part of a decade and DataOhio is just a beginning to support data informed decision making. The DataOhio Portal is a public-facing portal that displays public datasets hosted on the InnovateOhio Platform. The introduction of the portal ushers in a new era of innovation, customer service, and analytical insight for the state of Ohio.

The DataOhio Portal is a first of its kind state technology that allows state agency and government stakeholders, as well as the general public, access to key State of Ohio data and associated reports. The Portal contains some of the most-requested public datasets, allowing for unprecedented transparency and access across the state of Ohio.

The DataOhio Portal delivers value for partners and the public:

- Increases transparency by significantly expanding access to key State of Ohio data
- Empowers the public by putting data into the hands of key partners, local governments, researchers, reporters and citizens
- Informs policy and State programs to better serve Ohio communities

The DataOhio Portal will continue to undergo capability enhancements and provide additional datasets. Ultimately, the DataOhio Portal aims to be the go-to for all State of Ohio data.

OhioData Portal - Opioid Use Disorder Project Phase 1 Results

The State of Ohio use the OhioData Portal to conduct an exploratory analytics study to better understand the relationships between opioid use, involvement in the criminal justice system, and the efficacy of various types of treatments and released Opioid Use Disorder Project Phase 1 Results. The agencies involved in this study include the Department of Rehabilitation of Correction (DRC), Department of Medicaid (ODM), Department of Health (ODH), Department of Mental Health and Addiction Services (OhioMHAS), Department of Job and Family Services (JFS), and Department of Pharmacy. The goal of this project was to provide State leaders with the data-driven insights across two key areas: 1) Who is at Risk? and, 2) What is Working?

Key Findings from the Phase 1 Results:

- There is over a 20x higher prevalence of hepatitis in opioid-involved individuals.
- A higher prevalence of mental health conditions (anxiety, depression, psychotic disorders, etc.) are seen across both the opioid-involved and criminal-justice involved populations, with over 20% of the opioid-involved population suffering from depression.
- Methadone and buprenorphine treatments have significantly higher rates of adherence than naltrexone treatments.
- Utilizing psychosocial services in addition to MAT produces up to 50% higher rates of adherence 4 months into treatment.
- Initiating MAT within 1 month from an incarceration release improves adherence by up to 25% 4 months into treatment.
- Younger populations (19-26 years old) have lower rates of MAT adherence.

Opioid addiction is a crisis that continues to place stress on Federal, State, and Local government resources to fight the opioid and heroin epidemic. The goal of this project was to help understand the precursors and risks of opioid involvement and drive better outcomes for impacted individuals within the State's criminal justice system.

<u>Near Term State Outcomes</u>:

- Determining gaps in diagnosis, treatment, social supports, and care management for individuals with opioid involvement that could present opportunities for State agencies to better support;
- Identifying opportunities for agencies to share information regarding individuals with opioid involvement to better connect them to needed care and services along their care continuum;
- Identifying effective strategies to better provide health care and enlist the support of other groups and other social support methods for people with opioid involvement while modifying or eliminating unnecessary or ineffective programs or services.

<u>Long Term State Outcomes</u>:

- Improved efficacy of and access to opioid use disorder treatment for those individuals with exposure to the criminal justice system, those recently released from incarceration, and those likely to enter the incarcerated population;
- Identifying indicators and precursors to the "first incarceration" that support the prevention of first and repeated opioid use as well as identifying solutions for those individuals;
- Identifying any differences between criminal justice and non-criminal justice populations to provide opportunities to examine this category of Medicaid spending, and to identify opportunities to improve care for people with opioid involvement in the criminal justice system;
- Reducing criminal justice involvement for individuals with opioid involvement;
- Reducing overdose rates for individuals with opioid involvement.

<u>Using evidence and data-driven insights, the ultimate goal of this project was to empower the State to better understand</u>:

- The profiles of individuals with opioid and criminal justice involvement;
- The risk factors for different profile types; and
- The treatments and interventions for the different profile types where the data suggests there is a higher probability of success.

Trainings and Conferences

Recovery Housing Webinars

Ohio Recovery Housing is sponsoring several trainings to support owners/operators and residents of recovery housing. Upcoming training opportunities include:

Best Practices for Supporting Residents on MAT in Recovery Housing
Jan. 28 **|** March 10

Social Model of Recovery in Recovery Housing
Dec. 16 **(Level I)**

Outcomes Tools Training
Dec. 18 **|** Jan. 12

ORH Outcomes Tools: What County Boards Should Know
Dec. 16

Online Peer Recovery Support Training for Appalachian/Southern Ohio Counties

In an effort to address the opioid crisis and expand the certified Peer Recovery Supporter workforce in Southern Ohio, the Gallia-Jackson-Meigs Alcohol, Drug Addiction and Mental Health Services Board and Appalachia Unite have partnered to offer a 40-hour online Peer Recovery Supporter Training to residents of the following counties: Gallia, Jackson, Meigs, Pike, Scioto. To be eligible to attend, participants must be in recovery from a mental health and/or substance use issue. Trainings will be held from 10 a.m.-3 p.m. on the following dates in 2021: Jan. 9-10, 16-17, 23-24, 30-31 and Feb. 6-7. For information and to register, please e-mail: appalachiaunite@gmail.com.

Mental Health First Aid Collaborative Offering Free Trainings

The Ohio Mental Health First Aid Collaborative, with funding support from OhioMHAS, is offering free, virtual Mental Health First Aid trainings for individuals who work with adolescents and transition-age youth, older adults, minority populations and faith and spiritual communities. Click HERE for more information and to schedule a class. The Collaborative, which includes Mental Health America of Northern Kentucky and Southwest Ohio; Miami University's Center for School-Based Mental Health Programs and Discovery Center for Evaluation, Research, and Professional Learning; Mental Health America of Ohio; The Ohio Mental Health Network for School Success; as well as support from regional and national MHFA experts, also released an informational video. Hosted by OhioMHAS Director Lori Criss, the video provides information on eligible participants and an overview of the class.

December Mental Health First Aid Classes for First Responders Filling Quickly

Mental Health America of Northern Kentucky and Southwest Ohio is offering free, virtual Mental Health First Aid (MHFA) for first responders working or living in Ohio. First responders (law enforcement, firefighters, EMS, dispatchers and jail staff) frequently interact with people experiencing a mental health related crisis. This training will provide an overview of identifying, understanding, and responding to mental health scenarios so first responders can help to de-escalate mental health related situations. Virtual MHFA classes require two hours of pre-work on your own followed by an Instructor-led virtual training. Upcoming training dates include: Dec. 14, 16, 18, 21, and 28. Click HERE for more information and to register.

18th Ohio Problem Gambling "Virtual" Conference Registration

The 18th Ohio Problem Gambling Conference, presented by Problem Gambling Network of Ohio (PGNO) and sponsored by Ohio for Responsible Gambling, will be held virtually on Tuesdays and Thursdays during March 2021, which is Problem Gambling Awareness Month. This year's conference will once again bring together national experts, state leaders, and local innovators in problem gambling prevention, intervention, treatment, recovery, research, administration, and responsible gambling. Due to the virtual nature of this conference, we expect it to be our most far-reaching and impactful conference to date!

The early registration rate is $50 and will close after February 1st, 2021. Registration will be $65 after and will not close until after the conference has concluded. To register, please visit PGNOhio.org/Conference. Post-conference sessions include 3.0 contact hours of ethics for prevention and treatment. These sessions will be offered at a rate of $15. Attendees wanting to attend a post-conference session must register for it separately from or in addition to the main conference. Space is limited and will be first-come, first-serve. PGNO Members will receive complimentary post-conference registration. Contact Info@PGNOhio.org for details.

Medicare Value in Opioid Use Disorder Treatment Opportunity Webinar December 16

The National Council for Behavioral Health is hosting a webinar on **December 16, 2020 from 12-1 pm ET** to summarize the recently launched CMS Value in Opioid Use Disorder (OUD) Treatment program, a new value-based demonstration focused on increasing access and outcomes for OUD treatment services to eligible Medicare beneficiaries through provision of payments to support patient-centered OUD treatment services and performance-based incentives. This opportunity is open to a wide variety of providers, including Certified Community Behavioral Health Clinics, community mental health centers, federally qualified health centers, opioid treatment programs, and more. This webinar will review components of the program and key considerations for behavioral health providers exploring this opportunity. More importantly, we will explore critical practices for behavioral health providers in optimizing their Medicare services and billing and how to set themselves up for future opportunities. Use this link to register **https://thenationalcouncil-org.zoom.us/webinar/register/WN_QiidbzqCT4e6zAF14Ms5vA.**

Note: This content in this webinar is solely the responsibility of the presenters and has not been funded by or reflect the views of Centers for Medicare and Medicaid Services. Any questions related to the funding opportunity itself will need to be directed to CMS.

Ohio Council Staff Contact Information

The Ohio Council Staff are continuing to work remotely, but we want to make sure you can reach us. If you need help - have questions - or ideas to share, use the below emails to contact us:

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