The Ohio Council
Of Behavioral Health & Family Services Providers

The Ohio Council
Insight Newsletter

June 2021 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 end.* Additionally, the March 2020, April 2020, May 2020, June 2020, July 2020, August 2020, September 2020, October 2020, November/December 2020, January 2021, February 2021, March 2021, April 2021, and May 2021 editions are available for historic references and resources.

State Budget

Ohio House and Senate Pass H.B. 110 – the State Budget Bill for SFY 2022-2023

On Monday June 28, 2021, House and Senate leaders finally reached a compromise on the outstanding provisions in H.B. 110, the state budget bill for state fiscal years 2022-2023. With consensus reached, the conference committee reported the negotiated bill to the House and Senate floors for a final vote, which occurred late Monday evening. Accordingly, the budget passed the House by a vote of 82 to 13 and passed the Senate by a near unanimous vote of 32 to 1. Successfully advanced by the legislature, H.B. 110 now moves to the Governor's office for examination, line-item veto review, and ultimately its signing into law by July 1, 2021, which is the beginning of the new fiscal year.

The budget bill, as passed by the legislature, sets forth $75 billion in spending over the next two fiscal years and authorizes a host of significant policy changes, including the establishment of a new school funding formula; a 3% state income tax cut; expanded broadband investment; and the successful continuation of the Department of Medicaid's managed care re-procurement process. Importantly, the funding that supports Medicaid reimbursement rates and investments to strengthen the behavioral health continuum of care, including behavioral health workforce supports, were largely maintained.

Below is a summary of how the final budget bill addressed a host of key provisions:

- **Student Wellness and Success Funding** – SWSF was not maintained as a separate funding stream but rather included within the new school funding formula. Language was included to limit the use of SWSF to certain wrap around services by schools. We will continue to examine the implications of this provision and what it means for SWSF services.

- **ADAMHS Boards** – No language removing the 120-notice requirement was added; and no language to expand the duties or access to data was included. The language modifying ADAMHS Board composition in limited situations was maintained.
- **Medicaid Managed Care Procurement** – The final bill does not delay the ongoing procurement process, affect awards, or require ODM to begin again next year. Language was added to extend the appeal time to 30 days.
- **OTP Flexibility** – OTP license was extended to two years for providers in good standing; and language prohibiting community providers from employing individuals who receive medication assisted treatment from the same provider was eliminated.
- **Behavioral Health Workforce Supports Earmark** – $5 million earmark in SFY 2022 was maintained to support community mental health and addiction treatment providers efforts to develop and sustain recruitment, retention and supervision supports. *Notably, the $200,000 earmark for pediatric behavioral health workforce supports was removed.*
- **Fatality Review Committees** – The ODH county drug overdose and suicide fatality review committees were included in the final bill.
- **P&A Review Report** – The budget included language requiring the General Assembly to examine the activities of the state protection and advocacy system (Disability Rights Ohio) and issue a report containing recommendations about the P&A system every two years.
- **SB 17** – Most of the language that seeks to establish onerous fraud, waste, and abuse accountability measures for public benefit programs was largely removed. (Supplemental Nutrition Assistance Program eligibility; ODJFS data matching agreements; Public assistance private sector tools; Medicaid eligibility). *However, the legislature did maintain the mandate that ODM implement post COVID-19 redeterminations, consistent with federal law.*
- **Valuation of subsidized residential rental property –** This troubling language was not included in the final bill; rather a study committee was established to review and issue a report on the issue of how to appropriately set the valuation of federally subsidized residential rental property.
- **Medical Practitioner Conscience Clause** – The final budget agreement maintains this provision; however, for purposes of a health care payer the provision applies only to contracts for the payment of health care services that are entered on or after the bill's effective date. Further examination of the impact of this provision is required.

LSC Appropriations Spreadsheet

LSC Comp Document

Throughout the budget process, the Ohio Council advocated strongly and consistently on behalf of community providers' interests and issues. The Ohio Council staff appreciates all member's participation and efforts to engage and educate lawmakers on our priority issues. Governor DeWine is expected to sign the budget bill into law on Thursday, June 30, 2021 – and we will continue to review and examine the final provisions of H.B. 110 and communicate our analysis and strategies moving forward.

COVID-19 Federal Policy and Resources

CDC Updates Guidance for Fully Vaccinated Individuals

On May 28th, the CDC added an Updated Choosing Safer Activities infographic with new considerations for the example activities for outdoor gatherings with fully vaccinated and unvaccinated people. This was in addition to the updated Interim Public Health Recommendations for Fully Vaccinated People that removed recommendations for mask wearing and social distancing in all settings except where required by federal, state, local, tribal, or territorial laws, rules, and regulations, including local business and workplace guidance – and further clarified the new guidelines do not apply to health care settings, correctional facilities, homeless shelters, or when using public transportation. As a reminder, an individual is considered fully vaccinated two weeks after receipt of the second dose of the Pfizer or Modera vaccine or the one-dose J&J vaccine.

UPDATED OSHA Guidance on COVID-19 in the Workplace

OSHA issued an emergency temporary standard (ETS) for Healthcare on June 10th that requires employers to take specific steps to protect their employees from COVID-19 exposure in the workplace. Note, this ETS generally applies to any setting where health care services are performed. This includes employees in hospitals, nursing homes, and assisted living facilities; emergency responders; home health care workers; and employees in ambulatory care facilities. Importantly, the ETS does not apply in non-hospital ambulatory care facilities where all non-employees are screened for COVID-19 symptoms prior to entry and individuals with suspected or confirmed COVID-19 are not permitted to enter. Similarly, it does not apply to telehealth services, or when licensed health care providers enter a non-health care setting (such as a person's home) to provide health care services the ETS applies only to the provision of the health care services by that employee.

Although there is no specific discussion of BH services or providers in the ETS, the ETS does apply to BH providers/services unless (1) the setting is a non-hospital ambulatory care setting; (2) all non-employees are screened for COVID-19 prior to entry; and (3) people with suspected or confirmed COVID-19 are not permitted to enter the setting. Home healthcare settings where all employees are fully vaccinated, and all nonemployees are screened prior to entry and people with suspected or confirmed COVID-19 are not present are also exempted.

The ETS requires employers in healthcare settings to develop and implement a COVID-19 plan that designates a safety coordinator and is developed with input from non-managerial employees. The COVID-19 plan must address all of the following elements (which are described in detail in the ETS and FAQ linked below): patient screening and management; standard and transmission-based precautions; PPE; Aerosol-generating procedures for persons with confirmed or suspected COVID-19; physical distancing; physical barriers; cleaning and disinfection; ventilation; health screening and medical management; vaccinations; training; recordkeeping; report work-related COVID fatalities and hospitalizations; and anti-retaliation requirements. The ETS does create some limited exceptions for fully vaccinated workers when in well-defined areas with no risk of exposure to COVID 19. Additional OSHA resources include a detailed and informative set of FAQs, the Healthcare ETS summary, and the ETS webpage. Additionally, our partners at Vorys shared a summary brief that will be useful, "OSHA Adopts Emergency Temporary Standard for Health Care Settings".

The ETS is effective immediately upon publication in the Federal Register – it was submitted but has not yet been published. Employers must comply with most provisions within 14 days, and with provisions involving physical barriers, ventilation, and training within 30 days. OSHA has indicated that it will utilize enforcement discretion for employers who are making a good faith effort to comply with the ETS.

Separately, OSHA also issued updated guidance on mitigating and preventing the spread of COVID-19 in all workplaces. This guidance focuses on protections for unvaccinated and otherwise at-risk workers, encourages COVID-19 vaccinations, and includes links to CDC and other guidance with the most up-to-date content. It recommends employers establish COVID-19 prevention programs and include masking and social distancing for workers that are unvaccinated.

HHS & HRSA Provider Relief Funds Reporting Update

On June 11th, HHS and HRSA released revised reporting requirements for recipients of Provider Relief Fund (PRF) payments. This announcement includes expanding the amount of time providers will have to report information, aims to reduce burdens on smaller providers, and extends key deadlines for expending PRF payments for recipients who received payments after June 30, 2020. The revised reporting requirements will be applicable to providers who received one or more payments exceeding, in the aggregate, $10,000 during a single Payment Received Period from the PRF General Distributions, Targeted Distributions, and/or Skilled Nursing Facility and Nursing Home Infection Control Distributions. The revised reporting requirements supplanting the January 15th requirements can be found here.

Key Updates:

- The period of availability of funds is based on the date the payment is received (rather than requiring all payments be used by June 30, 2021, regardless of when they were received). The payment is considered received on the deposit date for automated clearing house (ACH) payments or the check cashed date.
- Recipients are required to report for each Payment Received Period in which they received one or more payments exceeding, in the aggregate, $10,000 (rather than $10,000 cumulatively across all PRF payments).
- Recipients will have a 90-day period to complete reporting (rather than a 30-day reporting period).
- The reporting requirements are now applicable to recipients of the Skilled Nursing Facility and Nursing Home Infection Control Distribution in addition to General and other Targeted Distributions.
- **The PRF Reporting Portal will open for providers to start submitting information on July 1, 2021.**

Summary of Reporting Requirements:

	Payment Received Period (Payments Exceeding $10,000 in Aggregate Received)	Deadline to Use Funds	Reporting Time Period
Period 1	From April 10, 2020 to June 30, 2020	June 30, 2021	July 1 to September 30, 2021
Period 2	From July 1, 2020 to December 31, 2020	December 31, 2021	January 1 to March 31, 2022
Period 3	From January 1, 2021 to June 30, 2021	June 30, 2022	July 1 to September 30, 2022
Period 4	From July 1, 2021 to December 31, 2021	December 31, 2022	January 1 to March 31, 2023

PRF recipients may use payments for eligible expenses or lost revenue incurred prior to receipt of those payments (i.e., pre-award costs) so long as they are to prevent, prepare for, and respond to coronavirus. However, HHS expects that it would be highly unusual for providers to have incurred eligible expenses prior to January 1, 2020.

Providers are encouraged to register in the PRF Reporting Portal in advance of the relevant Reporting Time Period dates. The registration process will take approximately 20 minutes to complete and must be completed in one session. The entire registration form must be completed for it to be saved.

- HHS Press Release
- PRF Post-Payment Notice of Reporting Requirements 6/11/21 – includes required data elements for reporting & information on allowed expenses.
- PRF Reporting Requirements and Auditing - Recipients that expend a total of $750,000 or more in federal funds (including PRF payments and other federal financial assistance) during their fiscal year are subject to Single Audit requirements, as set forth in the regulations at 45 CFR part 75, Subpart F.
- HHS Auditing and Reporting FAQ

Absent from the recently issued updates is the status of future distributions by HHS. An estimated $24 billion that has yet to be allocated remains in the PRF, and HHS previously indicated that any returned PRF payments will be reallocated for further distribution. Also, an additional $8.5 billion was allocated by the American Rescue Plan solely for rural health providers. HHS has not yet announced when, or how, these funds will be distributed.

EEOC Guidance on Mandatory Vaccination and Incentives

The EEOC released updated "What you should know about COVID-19" Frequently Asked Questions", providing some long-awaited guidance about COVID-19 vaccination policies and incentives. The updated guidance does clarify that employers may ask about COVID-19 vaccination, require proof of vaccination, and permits mandatory vaccination policies. The EEOC confirms that employers can provide incentives to encourage employees to get vaccinated. The permissible amount or type of the incentive may depend in large part on whether the employee obtains the vaccine independently in the community or from the employer. Our partners at Vory's have prepared two briefs - Part 1 focuses on vaccination status and mandatory vaccination

policies and Part 2 on permissive incentives. Further, the EEOC guidance stating an employer can mandate vaccination was upheld by a Texas court.

HHS Secretary Becerra Issues Reminder on COVID-19 Vaccines and Testing

HHS Secretary Becerra issued a reminder to all insurers and providers that COVID-19 Vaccines and testing are expected to be provided at no cost to patients. Following increased consumer reports and concerns about the cost of COVID-19 vaccines and testing being a deterrent for some individuals, HHS reminding health care providers of their signed agreements to cover the administration of COVID-19 vaccines free-of-charge to patients, and group health plans and health insurers of their legal requirement to provide coverage of COVID-19 vaccinations and diagnostic testing without patients shouldering any cost.

How to Talk About COVID-19 Vaccinations with Individuals Who Have Serious Mental Illness

The rollout of vaccines for COVID-19 presents an opportunity to protect the health of people who have serious mental illness (SMI). A new guide from SMI Adviser (a SAMHSA funded project) offers simple tips for clinicians on how to talk about the COVID-19 vaccinations with people who have SMI. It includes practical, effective motivational interviewing approaches to guide the discussion.

SAMHSA Mental Health Block Grant Guidance

The Substance Abuse and Mental Health Services Administration (SAMHSA) recently released guidance to states regarding the American Rescue Plan Act of 2021's additional SAMHSA funds to support states through Block Grants. According to the letter, states have until September 30, 2025, to expend these funds. SAMHSA recommends states consider use of the ARPA MHBG funds to develop, enhance, or improve: suicide hotline systems; comprehensive crisis continuum for children; at minimum utilize 5% for crisis services, including crisis stabilization teams; increase outpatient access, including same day services; technology infrastructure and health information technology, including telehealth; school-based services; expand MAT and AOT; and planning for Certified Community Behavioral Health Clinics (CCBHC). The Ohio Council shared a list of ideas for consideration of funding priorities based on member feedback with MHAS leadership and strongly encouraged funds be directly distributed to providers as often as possible. We will share more information on access to these funds as it becomes available.

COVID-19 State Policy and Resources

ODH Coronavirus Website – Primary Source for All Ohio Information

Updated Health Orders

Ohio Department of Health Director Stephanie McCloud signed an order rescinding the majority of the state's COVID-19-related health orders effective June 2**.**

Then, on June 17th, Governor DeWine announced the repeal Ohio's declared COVID-19 public health emergency effective, June 18th. This ended all remaining state health orders. The Governor declared COVID-19 a public health emergency on March 14, 2020, which allowed the state to suspend competitive bidding, draw down assistance, dispatch the national guard, and make emergency rules, among other things, to respond to the public health crisis. Removing the Ohio's declaration of a public health emergency is not expected to impact Ohio's continuing response to the pandemic. The federal government's public health emergency, which continues with a number of important federal waivers related to HIPAA, CMS, and DEA regulations, remains in effect through mid-July and is expected to be extended beyond that. The Biden Administration has indicated they will give states at least 60 days' notice prior to ending the federal public health emergency. Additionally, the federal COVID relief funding packages have outlined specifically how funds can be expended and delineated timeframes for use. And, the CDC, HHS, OSHA, EEOC and other federal agencies continue to update federal guidelines and standards to continue the health and safety response to COVID-19.

A significant number of Ohioans remain unvaccinated, including all children under 12. They remain at risk. While masking is no longer mandated, unvaccinated Ohioans should continue wearing masks indoors or in crowded settings where social distancing is not possible. Businesses and organizations can continue to require masking regardless of an individual's vaccination status, including in health care settings. Business and healthcare providers may also point to updated OSHA emergency temporary standards and general guidance as necessary. The threat from COVID-19 remains, so individuals should continue taking proper preventative measures including washing, and sanitizing hands and surfaces frequently.

ODH Release Updated Posters and Signs

ODH has posted updated posters and signs encouraging those that are unvaccinated to continue wearing a mask until reaching the CDC's "fully vaccinated" definition. These updated materials can be found on the Coronavirus webpage – Posters and Signs. Click on "retail signs" to find the latest signs regarding mask wearing. Additionally, there are posters and signs to address COVID-19 vaccinations – Trust the Facts campaign and messaging to encourage vaccination.

MHAS OAC Rules Update for BH Professionals and Providers

The OhioMHAS Bureau of Licensure and Certification issued a memo updating rules following the end of the COVID-19 State of Emergency declaration on June 18. The affected rules include: **OAC 5122-30-27** Transfer and discharge rights; **OAC 5122-21-03 (E)(4)** PASSR; **OAC 5122-29-29 (D)** Assertive Community Treatment; and **OAC 5122-40-07** Program policies and patient records. As a reminder, the Federal Public Health Emergency is still in effect and all the associated waivers (HIPAA, DEA, CMS, etc.) are still active.

Telehealth & Billing

CSWMFT Telehealth Guidance

The CSWMFT Board released an unexpected rule update following the end of the state public health emergency. In their memo to licensees, the CSWMFT Board announced that licensees must immediately return to complying with telehealth rules in 4757-05-13 that require face-to-face visits, including audio-visual services for all new clients, obtain written informed consent for services for all new clients, and use HIPAA compliant technology for telehealth services for all new and existing clients. Upon receipt of this information, the Ohio Council engaged in immediate advocacy to address the significant and immediate impact this decision has on client access to care and business operations. As a result, the CSWMFT Board held a special meeting on Saturday 6/26/21 and voted to allow for a 90-day transition plan on all three provisions: face-to-face requirements, written consent, and use of secure technology platforms. The Ohio Council intends to remain engaged with the CSWMFT Board to support continued access to all forms of telehealth moving forward.

Medical Board Telemedicine Guidance

In response to the repeal of the declared State of Emergency on 6/18/21, the State Medical Board of Ohio posted the following information on their website on 6/17/21:

> "In response to the COVID-19 pandemic, the Medical Board temporarily suspended the enforcement of rules that require in-person visits and allowed providers to use telemedicine to safely treat patients. On June 9, the board voted to resume enforcement of these rules and prioritize continuity of care for Ohio patients. Enforcement of these rules were to begin three months after the lifting of the state declaration of emergency
>
> Governor DeWine has announced that the state emergency order will be lifted on Friday, June 18. The board intends to resume enforcement of these rules on September 17, 2021. The Medical Board will soon provide additional information and resources to clarify Ohio's telemedicine requirements."

The Ohio Council is closely monitoring this and will be carefully reviewing the additional guidance when it becomes available to ensure it considers the existing federal waivers and teleprescribing provisions.

Non-COVID Resources

Federal Policy & Resources – Non-COVID Related

Excellence in Mental Health and Addiction Treatment Act of 2021

The Excellence in Mental Health and Addiction Treatment Act of 2021 (S. 2069) was introduced in mid-June in the Senate. If passed, the bipartisan legislation would allow every state to join the Certified Community Behavioral Health Clinic (CCBHC) demonstration and authorize investments in the model for current and prospective CCBHCs. CCBHCs provide rapid and timely access to comprehensive mental health and substance use treatment services. Since the initiation of this innovative model, data shows adopting the model allows clinics to serve more people in need, radically reduce wait times, offer expanded access to medication-assisted treatment (MAT) and hire more staff. The Ohio Council supports the re-introduced Excellence Act, as well as any opportunities for expanded and consistent funding to support CCBHC, workforce development, and funding to attract and retain skilled practitioners into community behavioral health settings. Ohio currently has 11 CCBHC grant recipients and The Ohio Council is working with these 11 CCBHC grantees to support implementation and adoption of the model. Additionally, we are collaborating with Ohio Medicaid and Ohio Mental Health & Addiction Services to develop policies and a roadmap to make CCHBC available in Ohio.

Medication and Training Expansion Act Re-Introduced

The Medication Access and Training Expansion (MATE) Act, which would help to increase access to high-quality care for individuals in need of substance use treatment, was re-introduced by Senators Bennet (D-CO) and Collins (R-ME). The MATE Act will standardize substance treatment training for providers that prescribe Drug Enforcement Agency (DEA) scheduled medications, such as those used in medication-assisted treatment (MAT).

Specifically, the MATE Act includes provisions to strengthen prescriber training, including the following:

- Create a one-time requirement for all DEA licensed scheduled medication prescribers to complete training on treating and managing patients with opioid and other substance use issues, unless the prescriber is otherwise qualified.
- Allow accredited medical schools and residency programs, physician assistant schools, and schools of advanced practice nursing to fulfill the training requirement through comprehensive curriculum that meets the standards laid out in statute, without having to coordinate the development of their education with an outside medical society or state licensing body.
- Normalize medical education on substance use treatment across professional schools and phase out the need for these future practitioners to take a separate, federally mandated course.
- Satisfy the DATA 2000 X-waiver training requirement to prescribe addiction medications as long as a separate DATA 2000 X-waiver is required by law.

HHS Assistant Secretary for Mental Health & Substance Use Confirmed

Last week, the Senate Health, Education, Labor, and Pensions (HELP) Committee confirmed Dr. Miriam Delphin-Rittmon as Assistant Secretary for Mental Health and Substance Use, leading the Substance Abuse and Mental Health Services Administration (SAMHSA). President Biden nominated her to this post on April 23.

Prior to serving in this capacity, Dr. Delphin-Rittmon was the Commissioner of the Connecticut State Department of Mental Health and Addiction Services and previously served as a White House Senior Advisor to the SAMHSA Administrator under the Obama administration.

MACPAC June 2021 Report to Congress

The Medicaid and CHIP Payment and Access Commission (MACPAC) released its June 2021 Report to Congress (report, press release), capping off its 2020-2021 cycle. The report comprises six chapters, focusing on high-cost specialty drugs, mental health and substance use services for adults and children, integrating mental health and substance use care through electronic health records, and improving integration for dually eligible beneficiaries. CCBHCs, recovery-oriented services, telehealth, and crisis services, were specifically discussed as supporting access to mental health providers.

Chapter 2 focuses on the needs of adults with mental health conditions and the role of Medicaid in supporting crisis services. Medicaid beneficiaries with mental illness often have unmet needs and difficulty getting appropriate services. The Commission recommends that the Secretary of the U.S. Department of Health and Human Services direct relevant agencies to issue guidance that addresses how Medicaid and CHIP can be used to fund a crisis continuum for beneficiaries experiencing behavioral health crises. The second recommendation calls on the Secretary to direct a coordinated effort to provide education, technical assistance, and planning support to expand access to such services.

Supreme Court Decision Preserves the Affordable Care Act

In a 7-2 decision in California v. Texas handed down by the U.S. Supreme Court on June 17th, the third constitutional challenge to the Patient Protection and Affordable Care Act (ACA) that reached the Supreme Court was dismissed without reaching the merits of the constitutional arguments.

In 2017, Congress amended the ACA lowering the penalty on taxpayers who fail to have in place minimum essential health insurance coverage (the individual mandate) from $695 to $0 zero starting in 2019. This change led to a constitutional challenge. Texas and 17 other states sued the United States and federal officials claiming that without the penalty, the individual mandate was no longer equivalent to a tax, and that the ACA's individual mandate, as well as the rest of the ACA, was unconstitutional. The lawsuit was later joined by two individual plaintiffs. The 18 states and the two individuals claimed that without the "tax", the ACA's individual mandate was unconstitutional.

The Supreme Court in this decision did not reach the issue of the constitutionality of the individual mandate or how much of the ACA would fall if the individual mandate was not constitutional, but instead determined that neither the states nor the individual plaintiffs had standing to sue under Article III, section 2 of the United States Constitution. The Court determined that, in order to have standing, the plaintiffs were required to show "a concrete, particularized injury fairly traceable to the defendants' conduct in enforcing the specific statutory provision." The Supreme Court ruled that the plaintiffs did not meet this test.

Although there is a challenge still in courts about the application of certain benefit mandates contained in the ACA to religious groups, the ACA generally stands as the law of the land and plan sponsors should continue to comply with the ACA.

HRSA SUD Treatment and Recovery Loan Repayment Program

The Health Resources & Services Administration (HRSA) is inviting eligible clinicians to apply for its Substance Use Disorder Treatment and Recovery Loan Repayment Program (STAR-LRP). The program offers up to $250,000 in loan repayment. Click HERE to view a fact sheet, HERE to view the application and guidance document, HERE for eligibility requirements (including eligible health care disciplines and specialties), and HERE to watch tutorial videos on how to complete and submit an application. Applications will be accepted through **July 22**. Priority will be given to applicants who work in counties where the overdose death rate or the past three years is higher than the national average (Tier 1) and to individuals who work for organizations within a Mental Health Professional Shortage Area (Tier 2).

SAMHSA Web Resources to Help Reduce Mental and Substance Use Disorders

The Substance Abuse and Mental Health Services Administration recently posted several webpages containing a variety of videos, factsheets, and broadcast-quality public service announcements to help individuals and their loved ones connect with and remain in treatment for mental and substance use disorders. Each page contains a brief overview of the topic, ways to obtain help, and additional References and Relevant Resources at the bottom of the page. Some of the resources are available in Spanish as well as English.

Topics include:

- Living well with serious mental illness
- Know the risks of methamphetamine
- Adults and drug use: there is help
- Mental health treatment works
- The case for screening and treatment of co-occurring disorders

State Policy & Resources – Non COVID Related

MHAS Community Capital Project Funding Ceiling Increased to $750K

The OhioMHAS Bureau of Capital Planning and Management announced an increase to the maximum state share for Community Projects. While state capital funds for Community Capital Projects have historically been limited to $500,000 per project or 50 percent of total project costs, whichever is less, OhioMHAS is increasing the per project maximum to $750,000 or 50 percent of total project costs, whichever is less. Beginning July 1, 2021, all Community Capital Projects, (including Youth Resiliency) with a total project cost of $1,000,000 or greater that have not been processed through the Controlling Board will have the opportunity to increase the OhioMHAS overall project share dollar amount to reflect this change. This opportunity will be available for each qualifying applicant should they choose to accept the increase. This is a substantial increase that comes at a time when construction costs have escalated significantly, and this decision will enable more projects to move forward. It reflects the Department's desire to provide the most effective and efficient support to the Ohio mental health and addiction system. Click HERE to read the full memo from OhioMHAS Director Lori Criss to all ADAMH Board executives notifying them of the increase. Please email questions to Curtis Smith, Chief of the Bureau of Capital Planning and Management at Curtis.Smith@mha.ohio.gov.

OhioRISE Updates

Draft Rules & Rates Comments: The Ohio Council submitted comments on the OhioRISE draft clearance rule package that was presented earlier this month. As well as detailed OhioRISE Rate Methodology comments.

1915(b) and 1915(c) waivers: ODM announced the OhioRISE 1915(b) and 1915(c) waivers are now posted on the OhioRISE website for review and public comment for the next 30 days. These waivers will allow access to the OhioRISE benefit as well as some additional services for youth that may live in families with higher income and need the Medicaid benefits in order to remain with their family. The public comment period is June 15-July 15, 2021. Comments must be received by midnight on July 15, 2021 and can be submitted to: OhioRISE@medicaid.ohio.gov. In addition to the public comment process, staff at Medicaid are hosting two open office hours to be available for any questions you may have on either waiver as you consider providing feedback. Please mark your calendars and see the below Teams links to attend.

Public Notice	Details	Posted Date	Close Date	Open Office Hours
OhioRISE 1915(b) Waiver	The purpose of this posting is to propose amendments to the existing 1915(b) waiver to incorporate the new OhioRISE program and Next Generation of Managed Care initiatives.	6/15/2021	7/15/2021	**7/8/2021**, 1:00-2:00pm Teams link
OhioRISE 1915(c) Waiver	The purpose of this posting is to propose a new 1915(c) waiver as a component of the OhioRISE program.	6/15/2021	7/15/2021	**7/8/2021**, 1:00-2:00pm Teams link

Additionally, ODM offered an overview of the draft rules to support the OhioRISE 1915(c) Waiver program. This is in addition to the materials above describing the OhioRISE 1915(b) and 1915(c) waivers. The ODM Advisory Council 1915 (c) Waiver Rules PPT offers more description of the rules and the draft rules are included below for feedback.

- 5160-59-04 OhioRISE home and community based waiver: eligibility and enrollment
- 5160-59-05 OhioRISE home and community based waiver: covered services and providers
- 5160-59-05.1 OhioRISE home and community based waiver: out-of-home respite
- 5160-59-05.2 OhioRISE home and community based waiver: individualized behavioral supports and training
- 5160-59-05.3 OhioRISE home and community based waiver: therapeutic mentoring
- 5160-59-05.4 OhioRISE home and community based waiver: flex funding/customized goods and services (waiver only)
- 5160-59-03.5 OhioRISE: wraparound support for good and services (flex funding for all OhioRISE enrolled and waiver kids)

CANS Guidance: ODM shared drafts of the Brief CANS [Reference Guide] [Rating Sheet], Comprehensive CANS: [Reference Guide] [Rating Sheet] and the Ohio CANS Decision Support Model. The CANS and Care Coordination Workgroup PPT walks through the CANS tools, decision support system, CANS assessor qualifications, and offers some sample workflows on how CANS will be used to determine OhioRISE eligibility and QRTP placement while also offering support and recommendations for care coordination tier placement, care planning, and outcomes monitoring.

As you have time to review these materials, please share questions and feedback as the Ohio Council is actively engaged in this discussion.

Ohio Attorney General Settles with Centene over PBM Concerns

Ohio Attorney General David Yost announced that Centene Corporation, parent company of Buckeye Community Health Plan, agreed to pay Ohio $88.3 million to settle a lawsuit filed in March alleging the pharmacy benefit manager overbilled the Ohio Department of Medicaid for pharmacy services it provided. The settlement is the first and largest in the country secured by a state attorney general against a pharmacy benefit manager (PBM). ODM has not yet commented on how this settlement will impact the current Medicaid procurement process where Buckeye Community Health Plan's application was placed in "deferral" status or Buckeye's appeal of that determination.

Ohio Medicaid Vendor Cybersecurity Incident

On June 21, the Ohio Department of Medicaid shared the following information. The Ohio Department of Medicaid was notified by their contracted provider data manager, Maximus, that Maximus experienced a cybersecurity incident on May 17, 2021, potentially impacting provider names, social security numbers, addresses, and other information. This incident involved providers whose information may have been provided to the Ohio Department of Medicaid or to a managed care plan for credentialing or tax identification purposes prior to October 1, 2020. This incident did not affect patients or Medicaid beneficiary information. Because the unauthorized activity was detected at a very early stage, Maximus believes their quick response limited potentially adverse impacts. Maximus has since taken investigatory steps, enhanced cyber security protocols, and has made Experian identify theft monitoring available to those impacted. Ohio Medicaid is monitoring the progress of the investigation and will continue working with Maximus as they remedy the situation.

Ohio Medicaid providers will begin receiving mailed notices from Maximus regarding a cybersecurity incident potentially exposing personal data. There is no evidence at this time that any of the information has been misused. In an abundance of caution, Maximus is offering providers, at no cost, 24 months of credit monitoring and other services from Experian. Medicaid providers who received a letter regarding this incident or who have questions about credit monitoring services should contact Experian's dedicated assistance line at (800) 357-0823, Monday to Friday between 9:00 AM-11:00PM EDT and Saturday to Sunday 11:00 AM-8:00 PM EDT.

Maximus is a vendor that provides IT services to support the Ohio Department of Medicaid. Specifically, Maximus is developing new systems for Medicaid-provider enrollment, screening, and credentialing. ODM and the OMES vendor teams have been evaluating the potential impact to the centralized credentialing implementation timeline while the Maximus servers have been offline. More information will be shared soon if this will have an impact on the currently scheduled 7/26/2021 go live date.

If you or your staff have additional questions, contact Maximus at questions@Maximus.com. Additional information is available at https://maximus.com/questions. **Please note that this was a Maximus incident. As such, it is being managed by Maximus corporate staff.** Attached is Maximus's statement regarding the incident.

Fiscal Year 21 Carryover/No Cost Extension Process

The Ohio Department of Mental Health and Addiction Services (OhioMHAS) has opened the Carryover/No Cost Extension request process for those organizations unable to fully expend their SFY 21 funds. The form and instructions are available online at https://mha.ohio.gov/About-Us/Grants-and-Funding/Community-Funding. If you have difficulty accessing the form, please try using an alternate web browser or follow the instructions to download the document to your computer and then open it from there. Requests, which will be reviewed on a rolling basis, will be accepted through Aug. 20. Questions? Please email CarryoverFundRequests@mha.ohio.gov.

MHAS Unveils Strategic Plan for 2021-2024

The Ohio Department of Mental Health and Addiction Services (OhioMHAS) announced the availability of its Strategic Plan for 2021-2024. The new plan aligns with goals established by the RecoveryOhio Advisory Council and Governor DeWine's Ohio Minority Health Strike Force Blueprint. The new plan is organized around four strategic focus areas: innovation, coordination, collaboration, and culture, as well as four cross-cutting priorities: health equity and cultural competency, communication and collaboration, workforce development, and data collection in analysis. OhioMHAS Director Lori Criss shared key highlights during a June 9 webinar. Click HERE to watch a recording of the presentation.

ODH SUD Loan Repayment Program Application Cycle Now Open

The Ohio Department of Health announced that the Substance Use Disorder Professional Loan Repayment Program (SUDLRP) application cycle is open and accepting complete applications from eligible applicants. The deadline to submit a completed application is **July 6, 2021 by 11:59pm**. The application and guidance can be found on their website: Ohio Substance Use Disorder Professional Loan Repayment Program.

Please complete the application and/or encourage eligible clinicians in your agency to complete the application and submit on or before the due date. If you have any questions regarding the application, requirements or process, do not hesitate to contact our office for assistance, PCRH@odh.ohio.gov or call 614-644-8508.

OBM Updated Annual Projections & Monthly Report

The Office of Budget and Management (OBM) shared that projected tax intake for the FY 2022-2023 biennium is now expected to be more than $3 billion higher than the projections developed for when state budget bill (Sub.HB 110) was introduced in February. Ohio's April 2021 sales tax receipts set monthly records in both the non-auto and auto categories following the March passage of the American Rescue Plan Act. May receipts were also robust, with non-auto performance not far off the April record. As a result, OBM's revised total GRF tax revenue forecast is $1.8 billion, or 7.4 percent, above the previous forecast, with most of the upward revision coming in the sales and use tax. LSC also shared revised revenue projections of $1.18 billion (4.7%) and $1.25 billion (4.8%) for FY 2022 and 2023 respectively – also higher than their February forecast. Governor

DeWine and OBM Director Kimberly Murnieks cautioned that the COVID economy remains in a recovery period with much uncertainty and potential for instability. Both urged setting some funds aside to respond to emerging needs and to continue to invest one-time funds into infrastructure issues.

Trainings and Conferences

Culturally Responsive Leadership Series

OhioMHAS is offering this FREE four-part series on culturally responsive leadership. Pre-registration is required. Ninety Minutes Continued Education approval requested for each session for counselors, social workers, psychologists, nursing, chemical dependency professionals, and DODD.

1. Culturally Responsive Leadership Part #1 Introduction to Culturally Responsive Leadership (1.5 Supervision)
2. Culturally Responsive Leadership Part #2 Understanding Systemic Racism and Microaggressions in the Workplace (1.5 Ethics)
3. Culturally Responsive Leadership Part #3 Unpacking Implicit Bias (1.5 Ethics)
4. Culturally Responsive Leadership Part #4 Developing a Culturally Humble Supervision Framework (1.5 Supervision)

All Sessions are from 2:00pm-3:30pm

- Thursday September 9, 2021
- Thursday September 16, 2021
- Thursday September 23, 2021
- Thursday September 30, 2021

Click HERE to register and choose your sessions.

Gambling, Problem Gambling, and Ohio's Services System Summer Trainings

The Problem Gambling Network of Ohio (PGNO) will host virtual *Stage 1: Gambling, Problem Gambling, and Ohio's Services System* trainings on **July 28-30** and **Aug. 30-Sept. 1**. The trainings provide 12 continuing education hours of gambling specific education and serves as an introduction to the world of gambling and problem gambling with a focus on Ohio's current service system. Participants will hear from experts in the field of prevention and treatment, recovery advocates, and partners in regulation and operation. Cost is $30. Click HERE for more information and to register. Questions? Please call Cory Brown, PGNO Program Manager, at 614.750.9899 or email CBrown@PGNOhio.org.

Columbia Protocol Suicide Risk Assessment Trainings

The Ohio Suicide Prevention Foundation, in partnership with OhioMHAS and the Columbia Lighthouse Project, will host free trainings featuring the Columbia Protocol, also known as the Columbia-Suicide Severity Rating Scale (C-SSRS). The Protocol supports suicide risk assessment through a series of simple, plain-language questions that anyone can ask. The answers help users identify whether someone is at risk for suicide, assess

the severity and immediacy of that risk, and gauge the level of support that the person needs. The remaining workshops, which are planned for July 21, Aug. 26 and Sept. 24, will be facilitated by Columbia University Professor Adam Lesser. Click HERE for more information, including specific training dates and times, and to register online. Questions? Please email Austin Lucas at austin.lucas@ohiospf.org.

NAMI to Host National Minority Mental Health Awareness Month Virtual Event – July 29

In honor of Bebe Moore Campbell National Minority Mental Health Awareness Month, NAMI Ohio is hosting a free "What Works in My Community" virtual event featuring programs in Ohio that provide programming and outreach to diverse populations on July 29 at 10 a.m. The event will focus on the services these programs provide, what makes them successful, why culturally competent mental health services are critically important, and feature a panel discussion with experts and individuals served by the programs. Click HERE to register online. Questions? Please email Katie Dillon-Luli at katie@namiohio.org.

Bring SMART Recovery into Your Organization

SMART Recovery is a self-empowering program that helps people achieve independence from addictive behaviors. Meetings are free, guided by trained facilitators, and available online and face-to-face.

Facilitators and participants in SMART Recovery meetings support each other by using evidence-based tools and techniques that are effective for overcoming problematic addictive behaviors (smoking, drinking, eating disorders, drugs, gambling, etc.). SMART provides programs and resources for individuals, family and friends, treatment professionals, courts and corrections, veterans and first responders, and young adults.

SMART Recovery meetings and services are:

- Self-empowering, evidence-based and time-tested
- Respectful of all beliefs/non-beliefs
- Non-stigmatizing (participants are not labeled)
- Easily integrated with other pathways to recovery
- Compatible with Medication Assisted Treatment (MAT)

Special Offer on SMART Recovery for Professionals Training! For a limited time, SMART Recovery is offering a $50 discount for Ohio Council members who sign up for SMART Recovery for Professionals Training. (options include online, self-paced or instructor-led via Zoom).

To learn more about SMART Recovery, visit www.smartrecovery.org. To learn more about the online training offer, visit https://www.smartrecovery.org/the-ohio-council/.

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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