



Insight Newsletter

September 2021 Edition

Due to the ongoing pandemic this issue continues to contain primarily COVID-19 related policies and resources. However, there are non-COVID-related items included as well. Additionally, back issues of *OC Insight* are available on our website. Click the links below to download previous editions as PDFs:

[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](#), [May 2021](#), [June 2021](#), [July 2021](#), [August 2021](#)

COVID-19 Policy and Resource Updates

Federal COVID-19 Updates and Resources

Federal Vaccine Mandate Details Expected in October

Ohio Council staff have received many questions from members since the Biden administration announced several new national vaccine mandates on September 9. The [White House plans](#) to implement the requirements using rule changes at the Centers for Medicare and Medicaid Services (CMS) and the Occupational Safety and Health Administration (OSHA), but no solid details have been shared on rule language, compliance timelines, and exact enforcement abilities/actions.

CMS is expected to issue an interim final rule with comment period sometime in October outlining the requirements for vaccine mandates in health care settings that receive Medicare or Medicaid reimbursement. The press release from CMS is available [here](#), which includes a [link to a list of required facilities](#) that includes “all fee-for-service facilities” (a category that would typically include behavioral health provider organizations). Until CMS releases the language, however, no definitive guidance is available.

OSHA, meanwhile, is developing a rule that will require all employers with 100 or more employees to ensure their workforce is fully vaccinated or require any workers who remain unvaccinated to produce a negative test result on at least a weekly basis before coming to work. OSHA is in the process of drafting the rule as an Emergency Temporary Standard (ETS), which allows it to bypass the normal notice and comment processes. An ETS remains in effect for six months or until superseded by a permanent standard. It has been reported that companies who violate the ETS could face fines of up to \$14,000 per violation. Most private sector employers must follow [OSHA rules](#); this includes behavioral health organizations. Until OSHA releases the

ETS, however, we do not know what the definition of 100+ employees will be (in total, per site, etc.) or the operational details of how employers are expected to implement the requirement for vaccination/testing.

It should also be noted, however, that [the mandates are being challenged legally](#) by more than two dozen state attorneys general, which could delay or derail their implementation. For practical reasons, The Ohio Council advises members to prepare as though they will be required to comply. This could mean communicating with staff about vaccination expectations and directing employees to vaccine resources such as local clinics offering shots. The Council will share new details as they become available.

Details on Booster Shots for High-Risk Groups, ODH Issues Eligibility Guidance

On September 22, [the U.S. Food and Drug Administration \(FDA\) authorized a booster dose of the Pfizer-BioNTech COVID-19 vaccine](#) for people 65 and over as well as other defined populations. The [FDA amended the emergency use authorization](#) for the Pfizer COVID-19 vaccine to allow for the use of a single booster dose, to be administered at least six months after a person became fully vaccinated, for individuals 65 years of age and older; individuals 18 through 64 years of age at high risk of severe COVID-19; and individuals 18 through 64 years of age who frequent institutional or occupational COVID-19 puts them at high risk of serious complications of COVID-19. Subsequently, the [U.S. CDC endorsed](#) the FDA's recommendation and expanded the groups eligible for the Pfizer-BioNTech COVID-19 vaccine to include those at increased risk of occupational exposure to COVID-19. Over the weekend, the Ohio Department of Health (ODH) released guidance to Ohio vaccination providers to implement the CDC's Pfizer vaccine booster. That ODH guidance, with fact sheet and FAQ, is available below.

- ODH: [Fact Sheet: COVID-19 Vaccine Booster Doses](#)
- ODH: [Frequently Asked Questions: COVID-19 Vaccine Booster Doses](#)

The ODH Fact Sheet indicates that long-term care facilities and congregate living residents and staff will utilize Ohio's COVID-19 Vaccination Maintenance Program to facilitate vaccine boosters. Local health departments are preparing to support community vaccination sites and vaccination options for individuals that may be homebound. Behavioral health residential and housing programs are encouraged to connect with local health departments about vaccine booster options for staff and clients.

The approval follows a meeting of an FDA advisory panel. On September 17, the FDA's Vaccines and Related Biological Products Advisory Committee voted against endorsing across-the-board COVID-19 booster shots, recommending instead that boosters only be made available to Americans 65 and older and people at serious risk of the disease. The committee, which is composed of outside experts that advise the FDA, voted 16-2 against calling for vaccine booster shots for all Americans. The committee voted 18-0 in favor of boosters for people 65 and older and those at serious risk of contracting the virus—including health care workers and the immunocompromised.

Based on these latest developments, it is not likely that behavioral health providers will need to prepare for a vaccine rollout on the scale of the initial vaccination push in January/February 2021. There are many opportunities in Ohio to be vaccinated, including walk-in and scheduled appointments statewide at pharmacies, federally qualified health centers, doctor's offices, community vaccination sites, and local health departments. There is ample supply of vaccines for boosters as well as first and second doses. Ohioans can check gettheshot.coronavirus.ohio.gov or call 1-833-427-5634 to get the latest eligibility information or find a vaccine provider near them.

CMS Will Pay for COVID-19 Booster Shots

Following the FDA's recent action that authorized a booster dose of the Pfizer COVID-19 vaccine for certain high-risk populations and a recommendation from the CDC, the U.S. Centers for Medicare and Medicaid Services (CMS) will continue to cover the cost of COVID-19 vaccines (including booster doses) without cost sharing. This means that beneficiaries with Medicare will continue to pay nothing for COVID-19 vaccines or their administration, and there is no applicable copayment, coinsurance, or deductible. In addition, thanks to the American Rescue Plan Act of 2021, nearly all Medicaid and CHIP beneficiaries must also receive coverage of COVID-19 vaccines and their administration without cost-sharing. COVID-19 vaccines and their administration, including boosters, will also be covered without cost-sharing for eligible consumers of most issuers of health insurance in the commercial market. People can visit [vaccines.gov](https://www.vaccines.gov) (English) or [vacunas.gov](https://www.vacunas.gov) (Spanish) to search for available vaccines nearby.

CMS continues to explore ways to ensure maximum access to COVID-19 vaccines. More information regarding the CDC COVID-19 Vaccination Program Provider Requirements and how the COVID-19 vaccine is provided through that program at no cost to recipients is available on the [CDC COVID-19 Vaccination Program Provider Requirements and Support](#) webpage and through the [CMS COVID-19 Provider Toolkit](#).

Pfizer Says 1/3-Dose Vaccines Effective for Kids Ages 5-11

Pfizer announced Monday, September 20, that a company study of a low-dose version of the Pfizer-BioNTech COVID-19 vaccine shows promising results for use among children between ages 5 and 11. Children in the trial received a dose of the Pfizer vaccine equivalent to one-third of that given to adults. As with the adult vaccine, children in the clinical trial were given two equal doses two weeks apart. The 4,500-subject trial concluded that the lower dosage is safe for children as young as 5 and effective at preventing serious infection.

Shots for children under 12 may not be available for some time, however. Pfizer must provide its data to the U.S. Food and Drug Administration (FDA) for review before the low-dose shot can be approved and distributed. The company is also investigating an appropriate dosage for children under 5. [Read Pfizer's full press release here](#).

HHS Announces Phase 4 Provider Relief Funds

The U.S. Department of Health and Human Services announced an additional \$25.5 billion in federal COVID-19 relief funding will be distributed to qualifying health care providers. The funding includes \$8.5 billion in American Rescue Plan funds for rural Medicaid providers and \$17 billion for general distribution under Provider Relief Fund (PRF) Phase 4. [Read the full announcement from HHS](#). The application window for funds opened Wednesday, September 29. To qualify, providers must document pandemic-related expenses and/or revenue loss between July 1, 2020, and March 31, 2021. Inpatient and community-based behavioral health and SUD treatment providers are eligible to apply. [Read more from the Health Resources & Services Administration](#) (HRSA). Use this [online tool](#) to learn whether your agency qualifies as a rural provider for application purposes.

HHS also has announced an option for Phase 3 Reconsideration to promote transparency in the PRF program and released [detailed information](#) about the methodology used to calculate Phase 3 payments. Providers who believe their Phase 3 payment was not calculated correctly according to this methodology will now have

an opportunity to request a reconsideration. Further details on this Phase 3 reconsideration process are forthcoming. Additionally, HHS announced a grace period for the first Reporting Period Deadline of 9/30/21. A [60-day grace period](#) from October 1 to November 30, 2021, will be allowed. This grace period only pertains to the Reporting Period 1 report submission deadline. There is no change to the Period of Availability for use of PRF payments.

Prior to the announcement of the Phase 4 funds, the Congressional Research Service the Congressional Research Service prepared a [PRF FAQ](#) that offers overview information, allocation details, and reporting requirements. This may be helpful if your organization is still completing the reporting process.

Federal PHE Expected to Be Renewed, Impacts on Medicaid Will Likely Continue

The COVID-19 public health emergency (PHE) was most recently [renewed](#) by U.S. Secretary of Health and Human Services (HHS) Xavier Becerra and effective July 20, 2021. HHS guidance previously indicated that the COVID-19 PHE will likely remain in place for the entirety of calendar year 2021, and that HHS will provide states with 60 days' notice prior to termination when a decision is made to end the PHE declaration or let it expire. Accordingly, Ohio and other states expect the PHE declaration to be renewed when it is considered again on October 17.

The Ohio Department of Medicaid (ODM) has continued to complete eligibility renewals and process case changes during the PHE. Under the continuous coverage requirement of the federal Families First Coronavirus Response Act (FFCRA), however, ODM is unable to discontinue Medicaid coverage for members except when an individual voluntarily requests a discontinuance of eligibility, moves out of the state, or dies. As soon as the PHE ends, the state will have a short to resume full eligibility operations. Specifically, state law enacted as part of the biennial state budget gives ODM just 60 days after the federal PHE ends to complete and act on eligibility redeterminations for all members for whom a redetermination has not been conducted in the last 12 months. State law imposes other post-PHE eligibility actions as well. ODM will have to follow CMS [guidance](#) regarding completing pending eligibility and enrollment actions including renewals, redeterminations based on changes in circumstances, and processing of verifications. In addition, ODM will be required to complete a redetermination of eligibility prior to taking an adverse action with respect to any beneficiary. ODM is working with the Ohio Department of Job and Family Services (ODJFS) to work through the details of operationalizing these requirements.

State COVID-19 Updates and Resources *(More information at coronavirus.ohio.gov)*

Amidst a Spike in Cases, Hospitals Warn of Capacity Issues, Urge Vaccination

COVID-19 cases, hospitalizations, and ICU admissions remain high across every county in Ohio as of September 23. According to ODH data released that week, the [statewide average incidence](#) rate was 698.7 cases per 100,000 people, and 30 counties had case rates that were more than 10 times the CDC threshold for high incidence. Last week, the [Ohio Hospital Association sent a letter to Governor Mike DeWine](#) conveying its concerns and alerting the state to the strain that COVID-19 is placing on hospitals. In particular, OHA noted increased hospital diversions, a lack of adequate workforce (particularly nurses), and the looming flu season. The letter also notes that COVID patients in hospitals are skewing younger with a 50% higher rate of hospitalization among patients aged 30 to 49. Ohio hospitals and children's hospitals are operating near capacity and continue to urge those who have not yet been vaccinated to talk with their health care provider

about their concerns and consider getting the shot soon. The spike in cases is due at least in part to the reopening of schools and higher case counts among children as well as the highly contagious delta variant.

Agency leaders who would like to learn more about COVID-19 vaccines can refer to and share the following resources:

- ODH: [Get The Shot](#)
- ODH: [Myths vs. Facts – COVID-19 Vaccine](#)
- ODH: [Vaccine Communications Resources Hub](#)
- NIH: [Q&A About COVID-19 Variants](#)
- NIH: [Vaccine Info, Videos and Social Media Assets](#)

ODH Issues Updated K-12 Quarantine Guidance

This month, ODH released updated guidance to schools on [K-12 Quarantine protocols](#) and [Face Mask Research](#). The goal of these updated protocols is to keep kids in school in person and learning five days per week. Members should take note of the mitigation strategies location on the bottom of the first page. Recommended steps include vaccination for all eligible individuals, indoor mask use, and social distancing of three to six feet. The masking guidance, in particular, is stronger language than that in previous ODH communications. Additionally, ODH is working with several school districts in Warren County to test whether it may be possible to reduce quarantines for “close contacts” under certain circumstances. Data collection is in the early stages, and The Ohio Council will share additional information as it becomes available.

Governor DeWine Announces Ohio Vax-2-School Program

This month, Governor Mike DeWine announced the launch of the [Ohio Vax-2-School program](#), which will offer students ages 12 to 25 the chance to win one of 50 scholarships worth between \$10,000 and \$100,000 for any Ohio college, university, or technical school. The format will be similar to the state’s concluded Vax-a-Million program, and prizes will be announced Monday through Friday beginning the week of October 11. More details will be announced, including how to register, in the coming days.

DeWine’s announcement stressed that the program is meant to keep kids in school, in person, five days a week. Vaccinated children do not need to quarantine if they are exposed to the virus, which can minimize school interruptions. Currently, statewide vaccination rates for youth ages 12 to 25 are among the lowest in the state.

OhioMHAS COVID Incident Reporting in WEIRS

The Ohio Department of Mental Health and Addiction Services (OhioMHAS) issued a brief reminder in September that certified and licensed providers are expected to submit incident reports for COVID-19 confirmed cases (staff, visitors, and/or clients/residents) through WEIRS per [OAC 5122-26-13](#) and [5122-30-16](#) under the definition of “Medical Events Impacting Provider Operations.” The Ohio Council confirmed with OhioMHAS that incident reporting is limited to confirmed COVID-19 cases only that were noted after A) a staff member, client/resident, or visitor was present at a provider location, or B) a staff member was working with client(s) in the community. The goal of this incident reporting is to ensure that processes and special precautions were in place for contact tracing, cleaning, and quarantine/isolation. However, if the staff

member is working remotely with no contact with other staff or clients—or if a staff/client/resident(s) notifies the provider of a confirmed positive COVID test but the individual has not been in the provider location while symptomatic—it is not a reportable incident.

Telehealth and Billing

Ohio Medical & CSWMFT Board Telehealth Rule Updates

This month, The Ohio Council continued member advocacy efforts with the Counselor, Social Worker, and Marriage and Family Therapist (CSWFMT) Board, the Ohio Medical Board, and state agencies to address longer-term needs to sustain telehealth (including audio-only services). On August 27, the CSWFMT Board sent a communication to licensees stating that they would consider extending the non-enforcement of their teletherapy rule for an additional 120 days. Subsequently, the CSWFMT Board met on September 16 and approved an extension until January 23, 2022. **With the extension in place, providers can continue to:**

- Forego initial face-to-face meetings before offering telehealth;
- Waive the need for written consent prior to treatment; and
- Use non-HIPAA-compliant platforms without being targeted for enforcement actions by the CSWFMT Board.

Additionally, the board is seeking feedback on its teletherapy rule. The board is particularly interested in feedback regarding how the flexibility permitted during the pandemic can be included in the rule in ways that ensure ethical standards of care while increasing access to services. Licensees and stakeholders with substantive recommendations regarding [Ohio Administrative Code Rule 4757-5-13](#) can submit comments to CWSWFMT Board Executive Director Brian Carnahan by email at brian.carnahan@cswb.ohio.gov.

As a reminder, the State Medical Board of Ohio previously published a [telehealth update notice](#) announcing that suspended [telehealth rules related to in-person visits](#) during the COVID pandemic would be fully re-instated three months after the lifting of the state declaration of emergency. The rule enforcement would have resumed September 17, 2021. At the August 11, 2021 Medical Board meeting, however, the possibility of extending the date of resuming enforcement was discussed and [the board decided for the sake of patient safety to extend the date until December 31, 2021](#). In-person patient requirements will resume for specific situations on December 31, 2021. Additionally, the board provided [updated guidance in the form of an FAQ](#) that was approved by the Board at the August meeting regarding telehealth; the FAQ will help both providers and patients prepare for this resumption of enforcement.

The Medical Board also determined that it is appropriate to review existing telemedicine regulations with stakeholder input to see how its rules may be modified to meet the needs of patients and ensure health and safety. The board will provide details on this in the near future. All updates on telehealth or other issues can be found on the board's [website](#). This successful advocacy means that Ohio Council members can continue to take advantage of the federal telehealth waivers to expand care access. Please note, however, that these changes continue to be temporary exceptions to state rule enforcement—not permanent changes.

Lastly, The Ohio Council in September conducted a survey and issued a white paper on telehealth usage and benefits. The white paper, which has already formed the basis of bill testimony before the Senate Health Committee and continued advocacy with state partners, is available for download. [Click here to download the white paper.](#)

Non-COVID Policy and Resource Updates

Federal Updates and Resources

Federal Legislative Update: Congress to Face Series of Big Votes, Ohio Council to Lobby on Key Federal Issues

The Biden administration and U.S. congressional leadership face a series of looming and important deadlines as the federal fiscal year nears its end. Funding for current federal programs and services expires at the end of September 2021, and most of the federal appropriations bills that allocate such funding for the upcoming federal fiscal year have not been enacted. Congress is expected to pass a short-term continuing resolution that will fund the government into December 2021—allowing additional time for the White House and congress to agree on a long-term spending plan.

Further complicating the congressional work schedule is a host of legislative and fiscal matters that the Biden administration is prioritizing for its domestic policy agenda, which include addressing the federal debt-limit, passing the \$1 trillion bipartisan infrastructure bill, and debating the more controversial \$3.5 trillion human infrastructure legislative package. Congress is expected to vote on these federal measures in the final week of September or the first week of October 2021.

A host of important legislative matters are also being considered in various Congressional committees. The Ohio Council and with our partners at the National Council will be advocating for the following measures during the upcoming [Hill Day at Home 2021](#) event:

- ***CCBHC: Achieving Nationwide Expansion and Adoption***
Over the last 18 months, certified community behavioral health clinics (CCBHCs) have expanded to [more than 430 facilities in more than 40 states](#). At Hill Day at Home 2021, hundreds of advocates will urge their legislators to support the Excellence in Mental Health and Addiction Treatment Act ([H.R. 4323/S. 2069](#)). This legislation would allow any state or territory the option to participate in the CCBHC demonstration program and authorize the continued allocation of Substance Abuse and Mental Health Services Administration CCBHC Expansion Grants.
- ***Fulfilling the Promise of 988***
In July 2022, the National Suicide Prevention Lifeline will officially transition to a new three-digit dialing code (988). Today, states and communities are transitioning systems to better serve this vulnerable patient population when they experience a crisis. Advocates will take action to fulfill the promise of 988 including asking for congressional support for investments in the crisis care continuum, workforce, capital development, and the Behavioral Health Crisis Services Expansion Act ([S. 1902](#)).
- ***Workforce Shortage in America: Discussing Innovative Solutions and Areas of Opportunity***
The mental health and substance use workforce shortage has been exacerbated by the COVID-19 pandemic as demand for services has skyrocketed while providers struggle to meet the need. These concerns are not new. According to recent data, approximately 77 million people live in a mental health professional shortage area with 30 million living in rural counties where access to mental health and substance use treatment is completely unavailable. Federal solutions being considered by congress include the Mental Health Access Improvement Act ([H.R. 432/S. 828](#)), and the Promoting Effective and Empowering Recovery Services in Medicare Act ([H.R. 2767/S. 2144](#)).

- ***Curbing the Substance Use Epidemic***

Recent data from the CDC show the increased impact of the COVID-19 pandemic on mental wellbeing. Over the last year, more than 93,000 people in the United States died from a drug overdose, a 29.4% increase from 2019 with every state seeing significant increases. According to the Bureau of Justice Statistics, individuals reentering society after incarceration are 129 times more likely than the general population to die of a drug overdose during the first two weeks post-release. Advocates will take action on legislative proposals that would aim to curb our nation's growing substance use epidemic by expanding access to medication-assisted treatment and bolstering health care services for justice-involved individuals. This legislation includes: the Mainstreaming Addiction Treatment Act ([H.R. 1384/S. 445](#)), the Medication Access and Training Expansion (MATE) Act ([H.R. 2067/ S. 2235](#)), and the Medicaid Reentry Act ([H.R. 955/S. 285](#)).

HHS Extends Open Enrollment, Launches Initiatives to Expand Health Care Access

Through CMS, the Biden administration is taking a number of steps designed to make it easier for Americans to sign up for affordable health coverage and reduce health disparities in communities across the country. Beginning this year, consumers will have an extra 30 days to review and choose health plans through Open Enrollment, which will run from November 1, 2021, through January 15, 2022, on [healthcare.gov](#). CMS is also expanding services provided by Federally Facilitated Marketplace (FFM) Navigators, which are experts who help consumers (especially those in underserved communities) understand their benefits and rights, review options, and enroll in marketplace coverage.

Additionally, CMS will re-launch its [“Champions for Coverage” program](#). The program currently includes more than 1,000 local organizations that are active in providing outreach and education about the Health Insurance Marketplace and how consumers can enroll in coverage through [HealthCare.gov](#), Medicaid, or the Children's Health Insurance Program (CHIP).

2022 Medicare Enrollment Begins October 15, State Urges Fraud Awareness

Medicare open enrollment for 2022 will run from October 15 to December 7, 2021. During that time, Medicare enrollees may review and change their Medicare plan, switch to a Medicare Advantage Plan or to Original Medicare, and select or change Part D plan coverage. [Medicare.gov](#) offers an interactive webpage that assists individuals in reviewing coverage options and support to ensure healthcare providers and prescriptions will be covered. Additionally, the Ohio Senior Health Insurance Information Program (OSHIIP) provides Medicare beneficiaries with free, objective health insurance information, offers one-on-one counseling, and educates consumers about Medicare, Medicare prescription drug coverage (Part D), Medicare Advantage options, and Medicare supplement insurance. OSHIIP may be reached at 800-686-1578 or OSHIIPmail@insurance.ohio.gov

Meanwhile, the Ohio Department of Insurance has urged awareness of potential scams ahead of the 2022 Medicare open enrollment period. In particular, Ohioans should be on alert for fake Medicare communications seeking personal information or money. Scammers may request either or both in exchange for helping people with enrollment, scheduling health services, signing enrollees up for prescription benefits, or providing enrollees with new Medicare cards. [Read the Department of Insurance's advisory](#). The state recommends that enrollees never share personal information with anyone who contacts enrollees unsolicited. To report suspected fraud, contact [Ohio's Senior Medicare Patrol \(SMP\)](#) at 800-488-6070.

CCBHCs and the Justice Systems

At the request of the National Center for State Courts (NCSC) National Judicial Task Force to Examine State Courts' Response to Mental Illness (Task Force), the National Council [created a report](#) discussing how states and localities utilize the Certified Community Behavioral Health Clinic (CCBHC) model to partner with various divisions of the justice systems, with recommendations for states as more policymakers begin to implement the model through legislative and executive actions. The Task Force seeks to identify a new model that creates a team to "triage" a case once it is filed in court, much like a patient within an emergency department. The CCBHC model holds the potential to play a significant role in triaging cases to screen, diagnose and treat clients to better support them and the courts in every state.

State Updates and Resources

Ohio's \$808 Million Settlement with Opioid Distributors

Ohio Attorney General Dave Yost announced that the state has come to an \$808 million settlement agreement with the three largest distributors of opioids: Cardinal Health, McKesson, and AmerisourceBergen. The agreement is separate from the national settlement and puts Ohio at the front of the line to receive monetary relief related to the addiction crisis. Under the agreement, Ohio cities and counties will begin receiving long-overdue compensation as early as November 2021, and the money is guaranteed even if the national agreement does not come to fruition.

The settlement, which is scheduled to be paid over the course of 18 years, also calls for a continuous annual flow of settlement money. The distributors can pay extra in a given year, but that additional money will come off the back end so that there is no disruption of payments. [OneOhio](#) has been incorporated into the settlement, with 85% of the settlement money targeted for local distribution. The settlement funds break down as follows:

- 55% will go to a foundation created to disburse the money and fund programs that benefit Ohioans affected by opioids and/or prevent addiction.
- 30% is earmarked for community recovery programs at the local level.
- 15% will go to the state of Ohio.

Once distributed, these funds can be used for prevention, harm reduction, treatment, and recovery services. In addition to the monetary settlement, Cardinal, McKesson, and AmerisourceBergen must also make significant internal changes to help prevent a similar crisis in the future. The three companies must:

- Establish a centralized, independent clearinghouse to provide all three distributors and state regulators with aggregated data and analytics about where drugs are going and how often, eliminating blind spots in the current systems used by distributors.
- Use data-driven systems to detect suspicious opioid orders from customer pharmacies.
- Terminate customer pharmacies' ability to receive shipments and report those companies to state regulators when they show certain signs of diversion.
- Prohibit shipping of suspicious opioid orders and report such suspicious orders.
- Prohibit sales staff from influencing decisions related to identifying suspicious opioid orders.

Ohio's 988 Implementation Plan

Federal legislation requires all states to transition from a 10-digit National Suicide Prevention Lifeline number to 988 by July 16, 2022. In Ohio, a group of interested stakeholders, led by the Department of Mental Health and Addiction Services, have been meeting as a 988 Planning Committee to develop a roadmap for how 988 will help align the state's crisis care system in a unified network. Prominent issues being considered include:

- Increasing Ohio's call center coverage, including text and chat.
- Enhancing quality of services, referrals, and follow-up with callers.
- Interfacing with 911, 211, and other helplines, hotlines, and warmlines around the state.
- Ensuring a shared resource directory for mobile response, referrals, crisis stabilization, and other services.
- Aligning how crisis services are dispatched through a 988 network.
- Marketing the new number to build awareness and make behavioral health crisis services more visible to the public.
- Engaging in needs assessment to determine benchmarks of Lifeline calls and services.
- Establishing the state's 988 regulatory and funding structure utilizing data from needs assessment.

The 988 Planning Committee has been working on a needs assessment to develop an implementation plan that should be released by OhioMHAS in late September or early October. OhioMHAS has developed a [988 Implementation Fact Sheet](#) that clarifies the current work and future plans for 988.

SOR 2.0 Funding Notice Sent to ADAMH Boards

Earlier this month, OhioMHAS sent a [notice to local ADAMH boards](#) awarding approximately \$57,581,905 of the State Opioid Response (SOR) 2.0 Grant (Year 2) to boards. The memo also states the department will add a new category to the second year of SOR 2.0 that includes the MOMS providers that were previously funded in the SOR NCE award. These providers will receive \$175,000 in direct funding for the second year of SOR 2.0. The notice also includes each county's SOR 2.0 allocation. All these funds are for the program period between September 30, 2021, and September 29, 2022.

The funding is part of Ohio's \$96 million federal State Opioid Response 2.0 annual award. The first year of the SOR 2.0 grant closed on September 29, 2021, and the guidance memo outlines the SOR 2.0 close-out details. The ADAMH boards, Direct Funded Community Providers, and Innovation Providers will be awarded the same amount in year two that was awarded in the first year of SOR 2.0. The department will submit a carryover request for any non-expended first-year funds and will make a determination of how those funds will be repurposed. Please use this information to engage with your local ADAMH board(s) regarding next steps in this process.

Ohio Appeals Biden Decision Eliminating Medicaid Work Requirement

This month, Ohio Governor Mike DeWine requested that Ohio Attorney General Dave Yost take legal action to reverse the Biden administration's decision to withdraw Ohio's Medicaid work requirements. Yost's office filed a notice of appeal with the Centers for Medicare and Medicaid Services (CMS).

The Biden administration revoked Ohio's work requirements last month following their 2019 approval by the Trump administration. Members of the Ohio legislature passed a bill in 2017 requiring the state to establish work requirements for the Medicaid expansion population.

Ohio Medicaid Open Enrollment

The Ohio Department of Medicaid (ODM) shared their plan for open enrollment for 2021 and the new procurement enrollment for 2022. ODM began mailing open enrollment letters to Medicaid members on September 24 to inform members that open enrollment is occurring and their options of the five current plans (Buckeye, CareSource, Molina, Paramount, and UHC). Mailings will continue through mid-November with the official open enrollment period running from December 1 through December 31, 2021. If a member does not select a new plan during this period, they will remain on their current plan. Ohio Medicaid managed care members will be able to change their plan by calling the Ohio Medicaid Consumer Hotline at 1-800-324-8680 or utilizing the Ohio Medicaid Consumer Hotline Member Portal at members.ohiomh.com/Login.aspx.

The 2022 Medicaid Managed Care plan transition enrollment period will begin in spring 2022, giving all Medicaid managed care members the opportunity to change plans and select from the seven new plans (AmeriHealth Cartas, Anthem, Buckeye, CareSource, Humana, Molina, and UHC). ODM will send additional communications to Medicaid members next spring explaining the option of selecting from the new plans that will go live with the next generation procurement program on July 1. This [member FAQ](#) details the process and timeline and may be helpful to share with people who have Medicaid managed care plans.

OhioRISE Care Management Entities

This month, ODM and Aetna hosted the first OhioRISE Implementation and Operations Workgroup on Systems of Care and care management entities (CMEs). The [meeting Powerpoint](#) describes ODM and Aetna's approach to creating a network of CMEs that support youth and families using a geographic, population focused approach. The CMEs are intended to embody the systems of care approach and create more accountability for aligning existing resources, growing collaboration, and expanding service capacity. CMEs will provide both Intensive Care Coordination (ICC) and Moderate Care Coordination (MCC). They will also provide the following services: outreach and education, care coordination (broader focus), ongoing planning, monitoring, and management of care coordination, transition of care, staffing and supervision, community resource development, and collaboration with child-serving agencies, schools, and more.

ODM has identified CME catchment areas that are estimated to serve approximately 1,000-3,000 youth. Each catchment area was also designed to encompass joint PCSA arrangements as well as multi-county ADAMH boards. There are 21 CME catchment areas. Franklin County has three. Cuyahoga County is also divided into thirds with the eastern-most part of county being combined with Ashtabula, Lake and Geauga Counties. Hamilton County has two catchment areas with the eastern part of the county combined with a number of rural counties running along the southern border of the state. Each CME Catchment Area will be served by one CME. Provider organizations may apply to serve as the CME for multiple catchment areas. However, the provider must submit a separate application for each area. Providers can be a CME if appropriate firewalls exist between the CME and behavioral health division of services. Currently, only 25% of CME referrals can go back to the parent company. Aetna anticipates making applications available in October/November 2021 with the goal of selecting CMEs by the first quarter of 2022 and implementing a soft launch of care coordination prior to the July 1 OhioRISE go-live date.

New Ohio Medicaid Assessment Survey Chartbooks Released

On September 21, the Ohio Colleges of Medicine Government Resource Center released 14 new chartbooks covering the recent findings on the health of Ohio's citizens. The chartbooks cover the health of Ohio's adults, adolescents, and children as measured by the 2019 Ohio Medicaid Assessment Survey. The documents are excellent reference material for Ohio Council members regarding the state of mental health and substance use disorders among Ohioans. [Follow this link](#) and scroll down the page to access the chartbook PDFs directly. Of particular interest to members are the chartbooks addressing mental health ([download](#)) and substance use ([download](#)).

MHAS 2021-22 Problem Gambling Annual Report and Services Plan Approved

OhioMHAS announced the release of the SFY 2021-22 Ohio Problem Gambling Services Annual Report & Plan. This report highlights the work of Ohio's behavioral health system of care to ensure that Ohioans who choose to gamble are aware of how to be responsible about their choices, how to prevention problems with gambling, and how to access help for those who need it. The Ohio for Responsible Gambling collaboration that supports this array of strategies includes OhioMHAS, the Ohio Casino Control Commission, and the Ohio Lottery Commission. Gambling disorder can have devastating life consequences that often co-occur with other behavioral and physical health issues that together elevate the risk of suicide. [Click here](#) to learn more about Ohio's nationally recognized efforts in prevention, treatment, and recovery for problem gambling. Or call the Ohio Problem Gambling Helpline at 1-800-589-9966.

SFY 2022 Specialized Dockets Subsidy Project Funding Opportunities

OhioMHAS announced the Specialized Docket Subsidy Project has two separate funding opportunities available. To qualify, specialized dockets must not currently be receiving specialized docket subsidy funding or drug court grant funding from the department. They also must target addiction and/or mental health disorders. One request for applications (RFA) has been made available for specialized dockets receiving final certification after July 1, 2019, that were not previously certified. The other RFA is for specialized dockets which received initial final certification before July 1, 2019, and operational specialized dockets seeking re-certification. The purpose of these funds is to offset the payroll costs for specialized docket staff members. These funds can also be used to pay for clinical services provided by OhioMHAS-certified addiction and/or mental health providers, medication assisted treatment medications, urinalysis, and recovery supports.

SFY 2022 funding will be available for the time period covering July 1, 2021, through June 30, 2022. SFY 2023 funding will be available for the period covering July 1, 2022, through June 30, 2023. These funds can be retroactively applied for allowable expenses incurred on or after July 1, 2021. Please note: Funds supporting this project are granted based on an estimate of state and federal funds for mental health and addiction services in Ohio. Should funding be reduced below an estimated level, the amount of funding may be reduced or terminated per written notice to the applicant by OhioMHAS. The RFAs, project application and allowable costs list are posted on the [OhioMHAS Funding Opportunities webpage](#). All applications and accompanying documentation must be submitted via email at specialized.docket@mha.ohio.gov. This solicitation will remain open until all available funds have been awarded. Questions should be submitted to specialized.docket@mha.ohio.gov by November 12.

RFP: FY22 Treatment Access for Adults with Alcohol Use Disorder

OhioMHAS is accepting proposals to expand the use of innovative approaches to treat persons with alcohol use/misuse disorder (MHA-FY22-TAA-AUD-01). OhioMHAS is seeking to award behavioral health providers funding to propose new programming or fund existing programming that will focus on adults (21+) who are actively misusing or abusing alcohol. Persons appropriate for this programming may come from any of the areas within Prochaska & Diclemente's Stages of Change. Applicants may consider using funding to support innovative programming, gap funding to cover expenses not otherwise covered by third-party insurance, co-pays, transportation costs, childcare services to allow attendance for behavioral health treatment, or technology costs to help patients connect with treatment (e.g., web applications, medical devices). Questions should be submitted to AUD@mha.ohio.gov by 5:30 p.m. on October 4. Responses to frequently asked questions will be posted to the [OhioMHAS Funding Opportunities webpage](#). Applications should be submitted to AUD@mha.ohio.gov by 5:30 p.m. on October 18.

- [View RFP \(MHA-FY22-TAA-AUD-01\)](#)
- [OhioMHAS Funding Opportunity Face Sheet](#)
- [Budget Expenditure Form](#)
- [FY22 Agreements and Assurances](#)

Governor DeWine Announces Launch of High-Speed Internet Grants

The State of Ohio began accepting grant applications this month from internet service providers (ISPs) looking to expand high-speed internet access in underserved areas. The \$250 million in grants was included in the 2022-2023 state budget bill signed into law earlier this year. The state estimates that roughly 1 million Ohioans lack access to high-speed internet. Improved accessibility could make internet access—and telehealth resources—available to thousands of additional households. [Read the full announcement here](#) or visit broadband.ohio.gov to learn more about the grant program.

State's In-Demand Jobs Survey Closes October 8

The Governor's Office of Workforce Transformation is currently accepting responses to a survey that will help direct state resources to attract skilled workers to in-need fields. The In-Demand Jobs Survey is open to all Ohio businesses regardless of size and gives business owners a chance to tell the state about the largest and most urgent skilled workforce shortages. Ohio Council members who have struggled to fill clinical or support staff roles are invited to take the survey so that our industry's workforce crisis is adequately communicated in the results. The survey closes October 8, 2021. [Click here to take the survey](#).

OOD Sets AWARE Vendor Portal Training

Opportunities for Ohioans with Disabilities (OOD) is in the process of implementing the Aware Vendor Portal. This new way of submitting and tracking authorizations, reports, and bills online within the Aware system seeks to streamline the process for timely payments all in one location. After your organization's region has been onboarded, please feel free to join the weekly Q&A sessions via Microsoft Teams, which will take place at 9 a.m. every Friday from October 1 through December 17. Please find below the link which will be used for all these meetings:

Microsoft Teams meeting: [Click here to join the meeting](#)

Video Conference ID: 118 138 982 1

Or call in (audio only): [+1 614-721-2972](tel:+16147212972) & Phone Conference ID: 949 456 243#

As you know, the Aware Vendor Portal will be implemented regionally based on provider headquarters to ensure high levels of support through the onboarding process. Here is the current implementation schedule:

- October 1 (Northeast)
- October 15 (East Central)
- October 29 (Southeast)
- November 12 (Southwest)
- November 26 (Northwest)

Ohio Human Trafficking Task Force Releases Guide for Children’s Services Agencies

Earlier this month, the [Ohio Human Trafficking Task Force](#) and the [Public Children’s Services Association of Ohio](#) (PCSAO) released a new resource guide to help children’s services providers identify, prevent, and respond to trafficking cases. The resource guide includes tips for case planning, forensic interviewing, and education for social services professionals who work with children. Social workers and clinicians who work with children can download a free copy of the guide on the task force’s website. [Download the resource guide here.](#)

Study Highlights Rising Racial Disparities in Opioid Deaths in Ohio, Other States

On September 9, the American Public Health Association released findings from a study examining opioid death trends across 67 communities in Ohio, Kentucky, Massachusetts, and New York from 2018 to 2019. The study’s findings provide important context regarding overdose risk factors for addiction prevention and treatment professionals working with people and communities of color. Top-level conclusions show that per-capita opioid death rates among Black residents in those communities increased roughly 38% during the study period despite leveling off in the general population.

The study attributes the outsized rise in deaths to the wider distribution of fentanyl. The study also showed that doctors and addiction treatment professionals are less likely to screen Black patients for opioid use disorder or prescribe medication for Black patients in recovery. The study’s authors recommend improved access to treatment and steps to address systemic racism. [Read the report from the American Journal of Public Health.](#) [Click here](#) to read a summary of the report from National Public Radio.

New HPIO Report Calls for Strengthening SUD Continuum of Care

A new policy brief from the Health Policy Institute of Ohio (HPIO) released September 24 recommends several steps to strengthen statewide substance abuse disorder treatment efforts. These include strategically investing state funds from the [recently announced opioid settlement agreement](#), increasing treatment capacity through telehealth and workforce development, and guaranteeing access to medication-assisted treatment (MAT) and recovery housing.

The report's recommendations match closely to policy priorities expressed by The Ohio Council and its member organizations. In particular, the HPIO report calls for "updating all state professional licensure board standards to support open access to all forms of telehealth," which mirrors the policy asks articulated in The Ohio Council's [recent telehealth white paper](#). Click the following link to [download the HPIO report as a PDF](#).

State Legislative Update: Ohio General Assembly Takes Up Bills on Telehealth, Crisis Assessment, Counseling and Other Key Issues

In September, the Ohio General Assembly returned from its summer recess to begin working on a host of legislative priorities for the fall session. Per constitutional requirements, house and senate leadership are currently drafting new state and congressional maps based on the recent census data. In addition to fulfilling its constitutional duties, the General Assembly is expected to focus on legislation that will allocate federal ARPA resources, authorize sports gambling, address COVID-19 mask and vaccine mandates, and a host of other measures. The Ohio Council is currently monitoring and advocating on the following pieces of legislation with potential impacts on community behavioral health system.

HB122 TELEHEALTH SERVICES (FRAIZER M, HOLMES A) To establish and modify requirements regarding the provision of telehealth services.

Current Status: 9/29/2021 - Senate Health, (Second Hearing)

State Bill Page: <https://www.legislature.ohio.gov/legislation/legislation-summary?id=GA134-HB-122>

HB221 BETTER ACCESS, BETTER CARE ACT (BRINKMAN T, GROSS J) To modify the laws governing the practice of advanced practice registered nurses.

Current Status: 3/23/2021 - Referred to Committee House Health

State Bill Page: <https://www.legislature.ohio.gov/legislation/legislation-summary?id=GA134-HB-221>

HB359 LICENSE, REGULATE ART, MUSIC THERAPISTS (RUSSO A, CALLENDER J) To license and regulate art therapists and music therapists.

Current Status: 9/21/2021 - Referred to Committee State/Local Govt

State Bill Page: <https://www.legislature.ohio.gov/legislation/legislation-summary?id=GA134-HB-359>

HB413 REQUIRE COLLECTION OF ALCOHOL, DRUG ADDICTION SERVICE DATA (LOYCHIK)
To require OhioMHAS to collect data regarding addiction services and recovery supports.

Current Status: 9/21/2021 - Referred to Committee House BH & Recovery

State Bill Page: <https://www.legislature.ohio.gov/legislation/legislation-summary?id=GA134-HB-413>

SB100 CRISIS ASSESSMENTS (MANNING N) To authorize crisis assessments of certain minors without parental consent and to make an appropriation to support the employment of licensed independent social workers at educational service centers.

Current Status: 9/15/2021 - **BILL AMENDED**, Senate Health, (Fourth Hearing)

State Bill Page: <https://www.legislature.ohio.gov/legislation/legislation-summary?id=GA134-SB-100>

SB204 COUNSELING COMPACT (ROEGNER K) To enter the Counseling Compact.

Current Status: 9/29/2021 - Senate Health, (Second Hearing)

State Bill Page: <https://www.legislature.ohio.gov/legislation/legislation-summary?id=GA134-SB-204>

SB216 CUSTODY OF INFANTS - SUBSTANCE EXPOSURE (JOHNSON T) To enact Dylan's Law regarding parental custody of infants born substance exposed.

Current Status: 9/21/2021 - **BILL AMENDED**, Senate Judiciary, (First Hearing)

State Bill Page: <https://www.legislature.ohio.gov/legislation/legislation-summary?id=GA134-SB-216>

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Trainings, Conferences, and Events

OhioMHAS Residential Training Needs Survey Deadline is October 8

OhioMHAS is reaching out to all Class 2 and Class 3 residential facility operators and providers to conduct a short survey on professional development needs. Responses to this survey will help the department develop and implement relevant trainings for those professionals. Respondents can also share their thoughts on licensure and certification rules around training. Take the survey at surveymonkey.com/r/CSQVWG2. Questions about the survey should be sent to Susan.Tafrate@mha.ohio.gov.

October CANS Training Schedule Announced for Ohio CANS Certification

The Ohio Department of Medicaid (ODM) announced [October 2021 Child and Adolescent Needs and Strengths \(CANS\) training dates for CANS assessors](#). The CANS is a functional assessment tool that will be used across systems to make determinations on OhioRISE (Resilience through Integrated Systems and Excellence) eligibility, care planning, Qualified Residential Treatment Program (QRTP) level of care, ongoing assessment, and monitoring of individual and population outcomes. Please refer to the [FAQ](#), the [CANS Training Registration Guide](#), and the [CANS Training Enrollment Guide](#) for information on how to register and enroll for the CANS training. For questions or concerns related to course registration or enrollment please contact support@tcomtraining.com. Please send questions to OhioRISE@medicaid.ohio.gov.

MRSS Core Trainings

Case Western Reserve University announced [dates for their fall Mobile Response and Stabilization Services \(MRSS\) core training](#). These trainings will meet the requirements for the OhioMHAS' new MRSS rule and will be offered several times throughout the next year. See the link above for dates/times and registration information.

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 in person. Facilitators and participants in SMART Recovery meetings support one another by using evidence-based tools and techniques that are effective for overcoming problematic addictive behaviors (e.g. 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:

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 www.smartrecovery.org/the-ohio-council/.

Save the Date: 19th Annual Ohio Problem Gambling Conference

The [19th Annual Ohio Problem Gambling Conference](#), coordinated by PGNO and hosted by Ohio for Responsible Gambling, will be held **virtually on January 25 and 27, 2022**, and **in-person on February 24, 2022**, at the Nationwide Hotel and Conference Center in Lewis Center, Ohio. This year's conference will focus on the theme of service integration in the areas of prevention, intervention, treatment, recovery, research, administration, and responsible gambling with presentations and workshops from local and national experts. The virtual pre-conference will consist of lecture-style presentations and focus on the intersection of gambling and other behavioral health concerns. The in-person conference will offer attendees a chance to apply learned skills in a collective and collaborative environment with interactive workshops facilitated by experts in the field. [Click here](#) for information regarding this year's conference.

AMA and Manatt Health Webinar on How Telehealth Policies Changed During COVID-19, Impacts on SUD Treatment

The COVID-19 pandemic drove significant expansion in state and federal telehealth policies, playing a critical role in ensuring access to substance use disorder (SUD) services during quarantine. In a new webinar, the American Medical Association (AMA) and Manatt will examine changes in telehealth policies, how those changes are impacting SUD treatment and which new policies should be extended long term to maximize continued access to SUD services. The program also analyzes key lessons providers learned during the pandemic about using telehealth to serve those with SUDs—and how to carry those important lessons forward. [Click here](#) to register for free. The program will answer key questions, including:

- What were the most important telehealth changes during the pandemic?
- Which of those changes should be made permanent in serving those with SUDs?
- How can telehealth support providers in the delivery of SUD services?
- What barriers are there in implementing the expanded telehealth policies?
- Beyond making these policies permanent, what else can states do to address the ongoing epidemic?

Registration Open for ODJFS Children Service Forum October 18

Registration is now open for “A Strong Foundation,” a 90-minute children’s service forum organized by the Ohio Department of Job and Family Services that will take place via Microsoft Teams on Monday, October 18, from 10:30 a.m. to noon. The event will focus on the various children services initiatives being implemented by the ODJFS Office of Families and Children, and Governor Mike DeWine is scheduled to take part. Registration is free. [Click here to register for the forum.](#)

Register for National Council’s Hill Day at Home

Hill Day at Home is your opportunity to urge lawmakers to advance lifesaving policy changes for mental health and substance use care from the comfort of your home or office. Come help us advocate for comprehensive health care for those who need it most. [Register](#) for the Hill Day at Home.