Center for Evidence Based Practices (CEBP) at Case Western Reserve University
Recommendations re: OAC 5160-27-04
March 17, 2020

During this period of uncertainty and unprecedented disruption, the CEBP has been closely monitoring the needs of Ohio's Assertive Community Treatment (ACT) consumers, and the provider organizations charged with their care.

We would like to offer the following recommendations to the Ohio Department of Medicaid (ODM) with regard to Ohio Administrative Code 5160-27-04 rule requirements governing the delivery of ACT services in Ohio. These recommendations are driven by two overarching priorities:

1. The ACT service represents the most intensive level of outpatient care available to an individual with severe and persistent mental illness (and co-occurring substance use disorders) and MUST remain available (in whatever form possible given current health guidelines and restrictions) to those identified as being the most vulnerable and requiring this level of care to remain safely in their communities. Supportive contact by ACT providers to vulnerable clients must be preserved by any means possible for a given treatment team and their respective community.

2. Behavioral Health Redesign has established an ACT infrastructure in Ohio that has become a formidable level of outpatient care which was previously only available in a few locations, and which has now grown (and continues to grow) substantially throughout Ohio. To that end, ensuring that Ohio's ACT infrastructure is preserved throughout this period is critical.

To that end, we are respectfully requesting that ODM consider the following recommendations:

<u>Reimbursement</u>

- For teams utilizing the ACT rate, contacts which occur via phone or video should be allowed to "count" towards monthly required contacts until such time as the State determines that Ohio can return to business as usual. It is our understanding that guidance from the State with regard to telehealth and other remote platforms is already underway otherwise.

- Consider that if a team was meeting a particular reimbursement level (with physician or APRN/PA) for reimbursement for a specific member as of February 29, 2020, that this represent the payment level that provider should be continued at until business as usual is resumed and that the team not be penalized for changes in how, where, how much and how often service delivery is being provided until that time.

- Consider extending the periods within which assessments and treatment plans are required to be completed as outlined in 5160-27 requirements.

Fidelity

- We are recommending the temporary suspension of fidelity provisions outlined in OAC 5160-27-04 until the State has deemed that normal business may resume. Teams will subsequently need an additional window (no less than 2 months, and more likely 6 months to reengage at previous service delivery levels and to prepare for their next scheduled DACTS fidelity review.

- It is recommended that in lieu of this, that teams be required to maintain and/or increase remote contact with the Center for Evidence Based Practices (CEBP) during this time.

    - Minimum monthly contact with CEBP staff. The CEBP will be increasing remote learning and consultation opportunities for staff to occur every other week minimum via web based platforms.
    - If treatment team members are not working in the community, presumably there may be more time for them to be getting additional training and support through the CEBP.

- Modifications to service delivery being made in the interest of best medical practice and Center for Disease Control (CDC) and Ohio Department of Health (ODH) recommendations will adversely affect team performance to normal fidelity standards, particularly with regards to numerous DACTS fidelity scale items which endeavor to measure frequency, duration and location of service delivery, among other variables which will be affected by current conditions. These changes to service delivery are not indicative of the team's performance under normal circumstances and would only reflect the currently necessary aberration in service dosage, location, etc.

- Consider pushing back ODM's sanctioning of a team achieving the required 3 year required DACTS score per OAC 5160-27-04 for an additional year to maintain existing teams and Ohio's ACT infrastructure until recovery of behavioral health services returns to normal

Managed Care and ACT Eligibility

- Provisions related to prior authorization and re-authorization require our MCO partners to evaluate appropriateness for ACT based on a number of essential criteria, including the extent to which an individual requires a high degree of service frequency and community based contacts.

- Given restrictions being put in place, there is the potential that changes to documented service delivery in this regard could suggest that the client would benefit from a lesser level of care, when in fact reduced contacts are more a product of organizational and community mandates than actual client needs.
- Additional concerns that indirectly affect review of service delivery documentation include the potential for:

- Inpatient psychiatric beds may be harder to access or may be accessed for shorter periods of time due to other necessities as determined within the hospital, and not necessarily reflective of the actual level of care of care needs for the individual that would inform their appropriateness for ACT.

- Data/info sharing with inpatient hospital staff may become deprioritized in lieu of exacerbated challenges elsewhere in the hospital system.

- Law enforcement more being more inclined to divert than arrest or incarcerate during this period, inaccurately reflecting level of care considerations and treatment needs otherwise.

- Consider the suspension of ACT disenrollment during this period.
  - We are learning that many clients are not allowing ACT team staff to have any face to face contact with them. Likewise, we are learning that several provider organizations are placing restrictions on staff face to face contact with ACT clients.

  - ACT team staff may not be able to locate individuals because the community venues where they used to be able to find the client (ie: restaurants, libraries, coffee and donut shops, group treatment settings and other points of engagement have now seen access to those venues curtailed and increasingly are not open to the public).

  - If the client is hospitalized or otherwise quarantined with Covid-19, staff may be restricted in their ability to engage with the individual accordingly.

  - Disenrollment exceptions could be warranted for circumstances such as a family moving a client to be with them outside of the catchment area of their treatment team, provider organization, etc.

  - Generally speaking, this just isn't the time to be rescinding the service from a vulnerable population whose relationship with ACT service providers may be their only known bridge to the greater healthcare system (both currently, and in the aftermath of the peak epidemic window).

There will undoubtedly be much more for us to be thinking about and problem solving together going forward, and as we continue to receive feedback from the ACT provider network and monitor service barriers and facilitators going forward. There may be additional considerations to factor in which are critical to the aforementioned overarching priorities (maintain ACT service delivery for the most vulnerable, and maintain Ohio's ACT infrastructure). We look forward to continued collaboration with the State on behalf of ACT consumers, service providers and vital community stakeholders to that end.