

Ohio Association of

COUNTY
BEHAVIORAL
HEALTH
AUTHORITIES

The logo consists of a stylized outline of the state of Ohio in a light tan color. The outline is slightly irregular, giving it a hand-drawn or textured appearance. It is positioned to the right of the text 'COUNTY BEHAVIORAL HEALTH AUTHORITIES'.

**Behavioral Health
Issues of the Month
Cheri L. Walter**

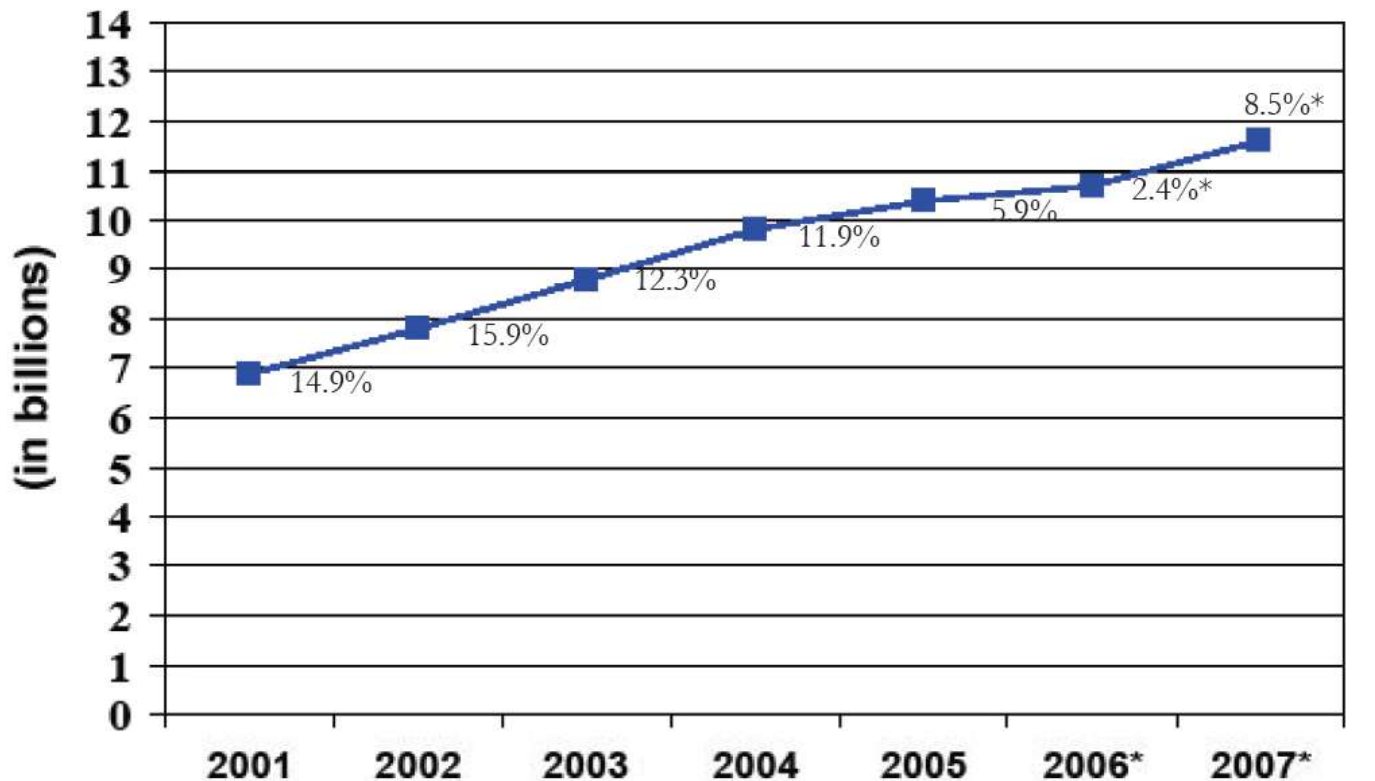
12-07



MEDICAID & THE OHIO COMMUNITY BEHAVIORAL HEALTH MEDICAID PROGRAM

Medicaid Spending

In the last two years, OHP successfully slowed the rate of Medicaid spending growth from 11.9 percent to 2.4 percent in 2006.



August 2006

—■— ODJFS All Funds

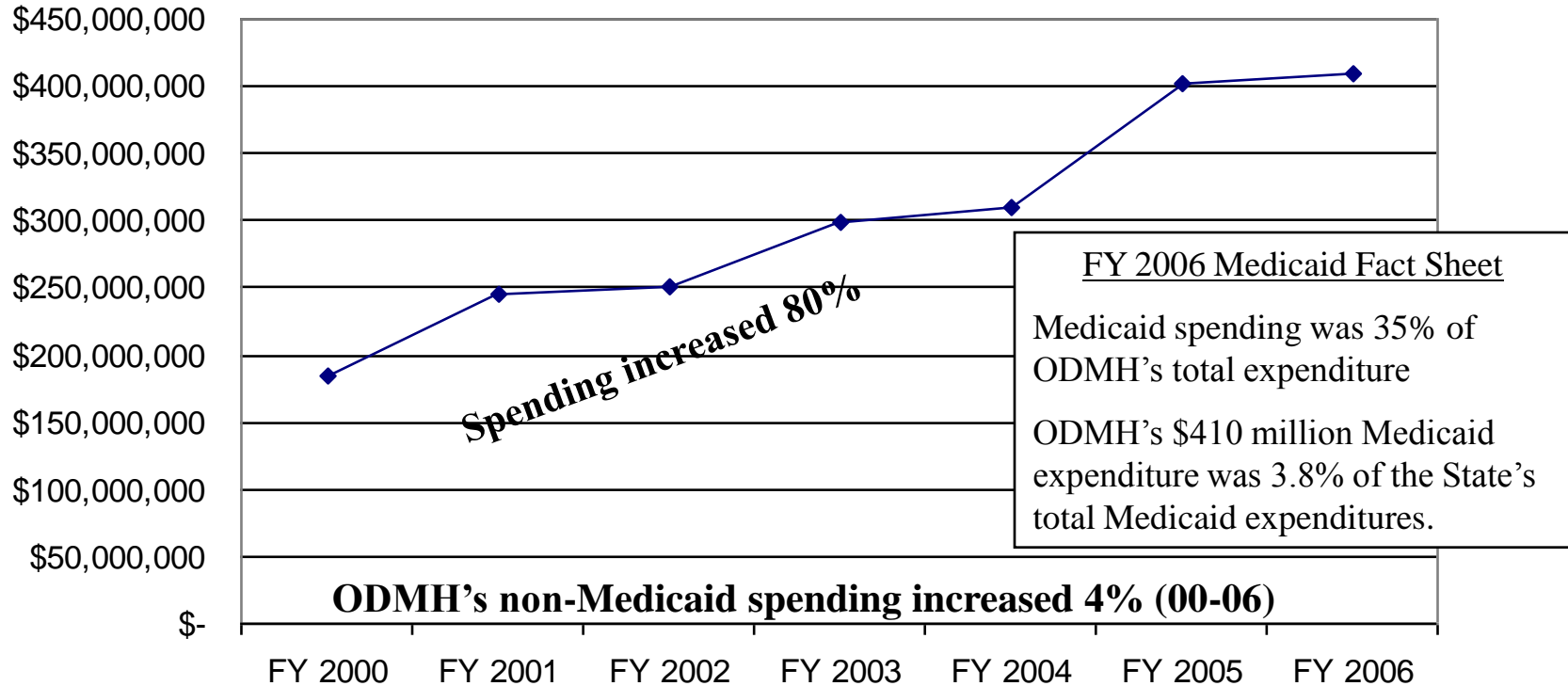
Ohio Health Plans

* Estimated

Excludes ODMH, ODADAS and MR/DD

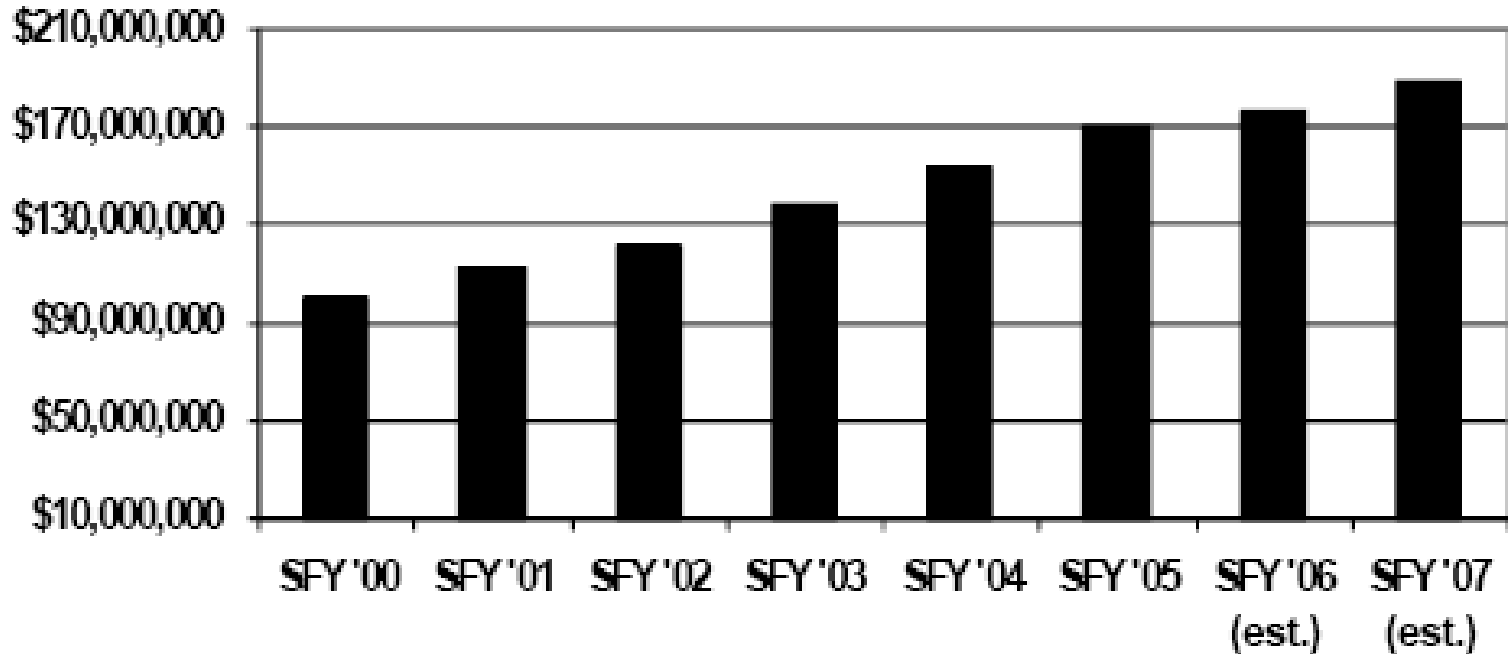
Treatment Works...People Recover

ODMH Medicaid Spending

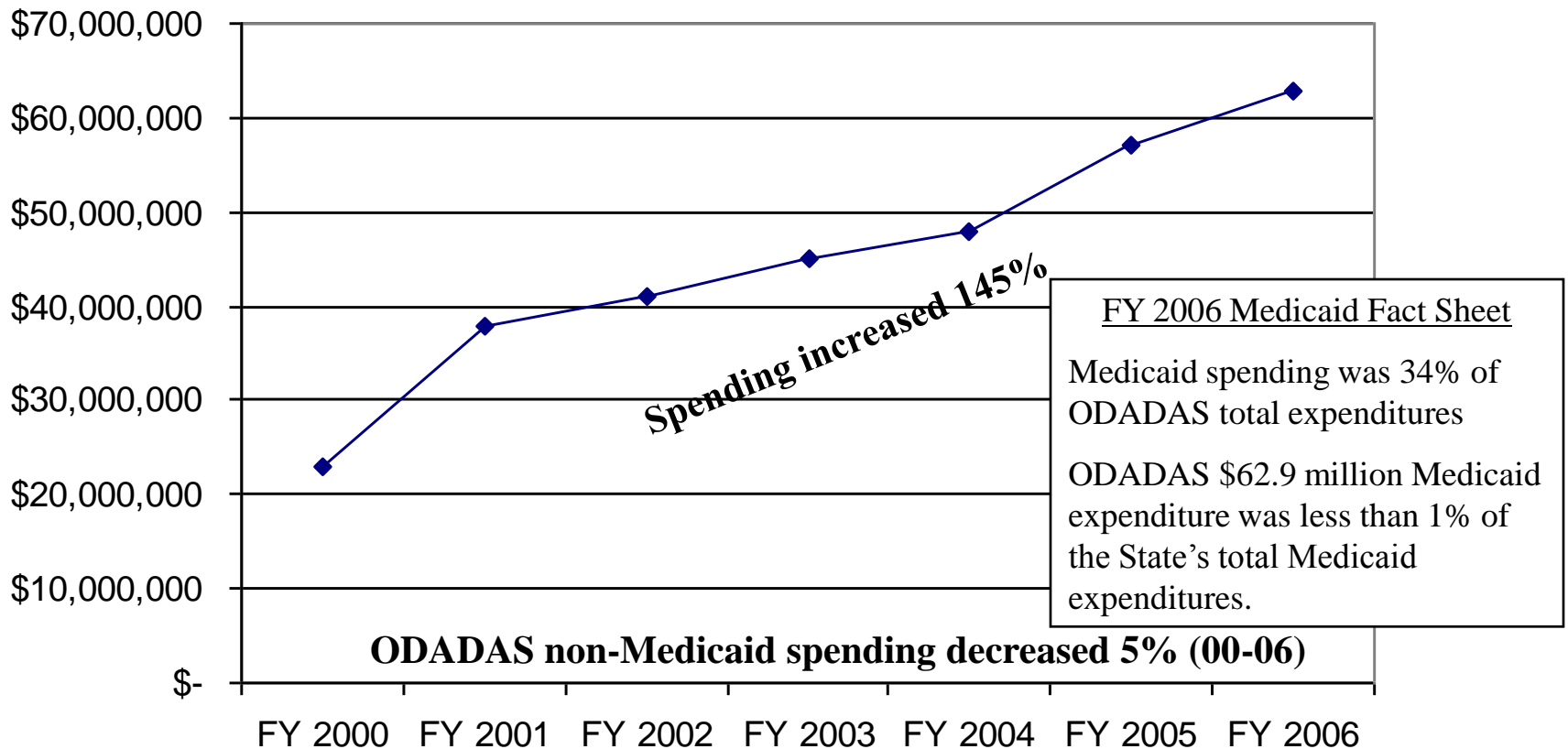


All funds, excluding local dollars

State/Local Medicaid Match for Mental Health Services

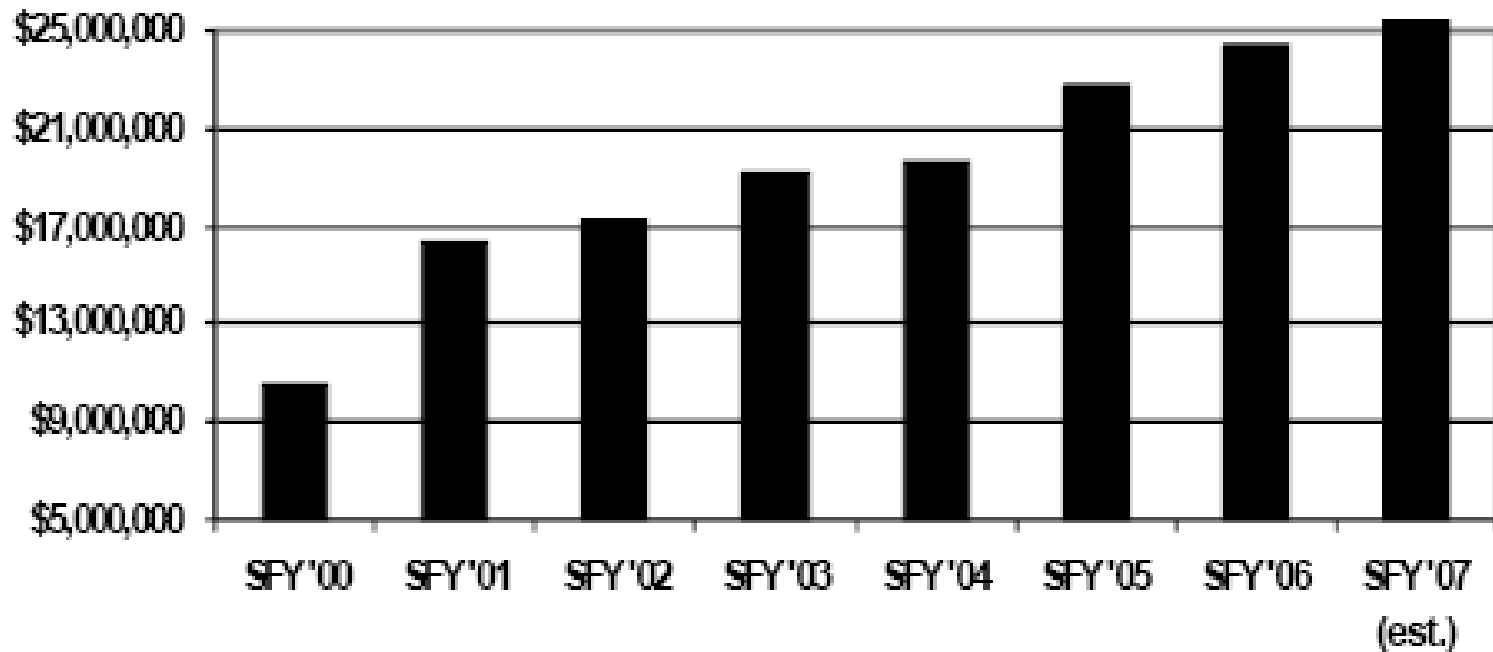


ODADAS Medicaid Spending

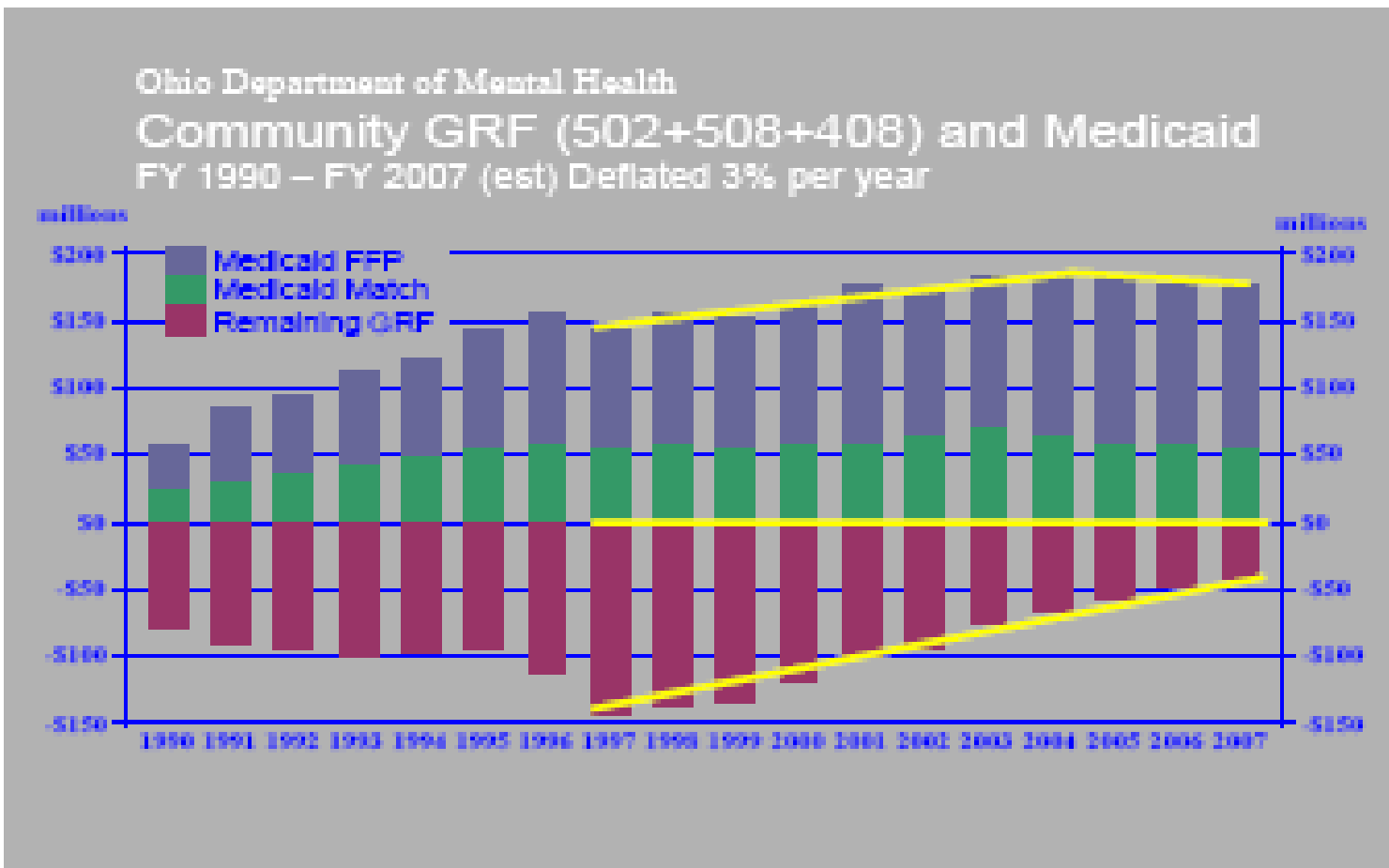


All funds, excluding local dollars

State/Local Medicaid Match for Alcohol & Drug Services



Mental Health Community GRF & Medicaid SFY 1990 –07 (est.) Deflated 3% per Year



08 – 09 Budget

Expands Medicaid Eligibility

- Restores funding for dental, chiropractic and independent psychologists services to eligible adults 01-01-08
- Provides Medicaid buy-in for disabled citizens wanting to work, adding 7,300 new customers 01-01-08
- Gives Healthcare providers a 3% increase 01-01-08

ALL ON HOLD

08 – 09 Budget

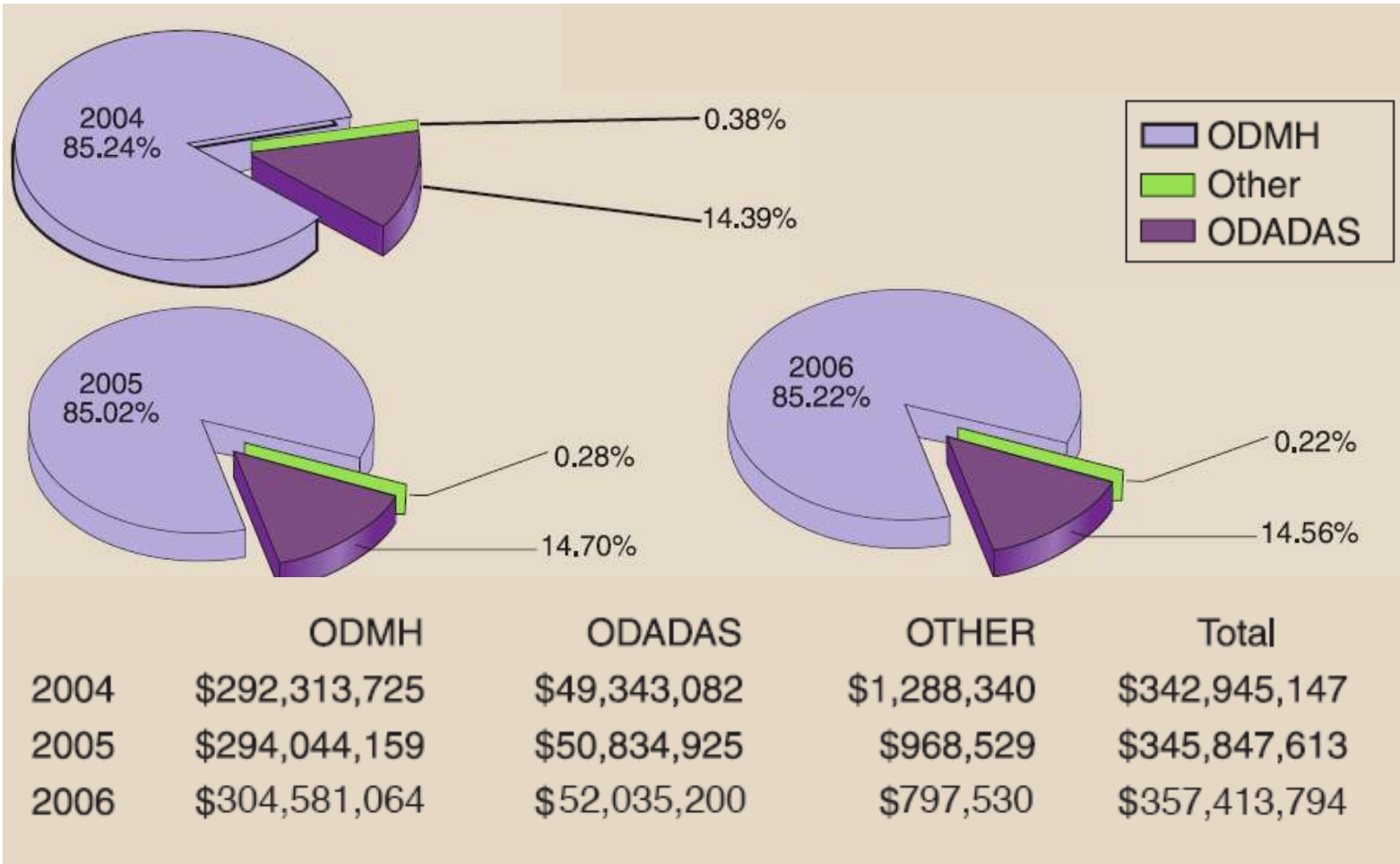
Medicaid Language Amendment

- Creates the “Executive Medicaid Management Administration” EMMA
 - EMMA will decide Medicaid policy
 - EMMA will determine Medicaid Administration
 - EMMA Will only hear from State Directors

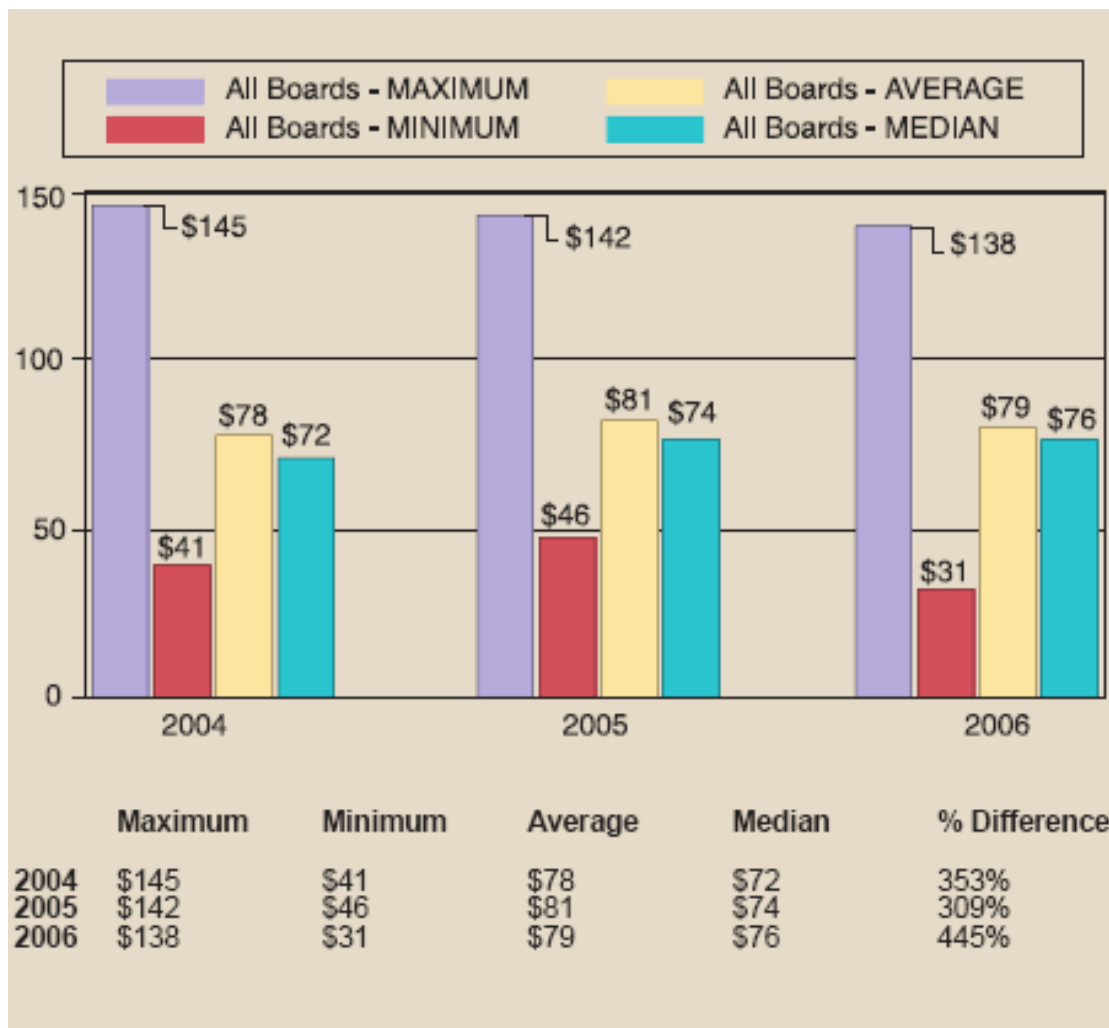
BOARD BUDGETS



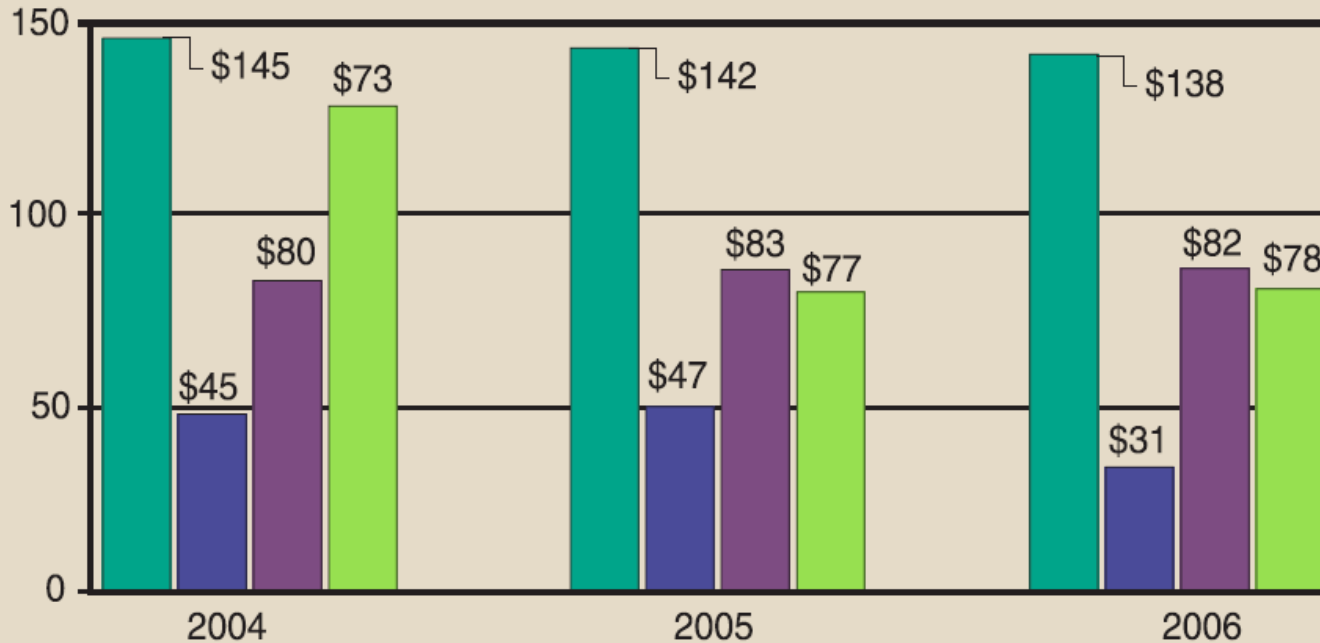
Breakdown of Total State Department Funding to ADAMH/ADAS/CMH Boards



Total All Funds – Per Capita by County



WITH LEVIES

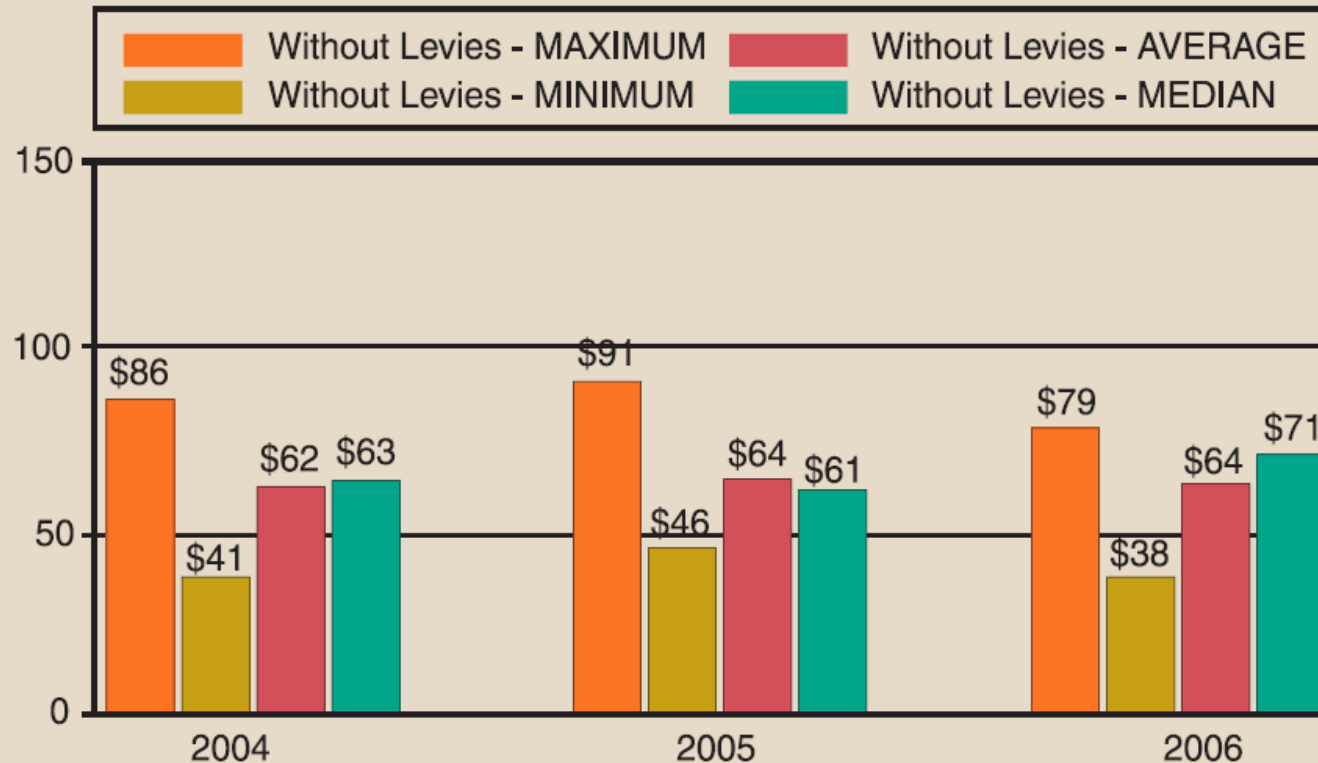


	Maximum	Minimum	Average	Median	% Difference*
2004	\$145	\$45	\$80	\$73	322%
2005	\$142	\$47	\$83	\$77	302%
2006	\$138	\$31	\$82	\$78	445%

* % Difference: Is the difference between the maximum and the minimum.

Total All Funds - Per Capita for Boards with and without Levies

WITHOUT LEVIES



	Maximum	Minimum	Average	Median	% Difference*
2004	\$86	\$41	\$62	\$63	210%
2005	\$91	\$46	\$64	\$61	198%
2006	\$79	\$38	\$64	\$71	208%



HOSPITAL BED DAYS

Treatment Works...People Recover

BHO Statistics 2001 - 2008

- **21.1% Decrease** in Planned Bed Days
 - 2001 – 235,931
 - 2008 – 188,063 (projected)
- **47% Increase** in Per Diem
 - 2001 - \$327
 - 2008 - \$481 (Same as '07, no increase in 08-09)
- **24% Increase** in 408 Flex Funding
 - 2001 - \$163,144,784
 - 2008 - \$202,527,160 (same as '07)

BHO Cost

- The per-diems were held flat this year due to one time monies, if this money is not back-filled in the next biennium per-diems could go up by as much as \$80-\$100 per day. That could be \$36,500 per year per bed for a total cost of \$219,000 per bed per year.



ISSUES TO CONSIDER: 2008 AND BEYOND

SYSTEM REFORM

- The Governor's Office has made it clear that it plans to conduct a system reform of the AoD, and MH, systems simultaneously which will consider:
 - System Financing
 - System Structure / Funding - Access equalization
 - Medicaid Funding

LAWSUIT MOU

The TCN/EMV, Ohio Council State Departments lawsuit has been dismissed without prejudice. It was dismissed following the signing of an MOU by:

ODMH

ODJFS

ODADAS

Ohio Council

OACBHA

MOU REQUIREMENTS

- Develop Utilization Review within a 12 month period
- Develop a non-Medicaid statewide contracting process
- Coordination of Auditing processes
- Ensure compliance with federal and state Medicaid regulations, including Medicaid contracting and clarification of the roles of subrecipients and vendors, and who will administer the program at the local level

Managing the Behavioral Health System

- Significant changes in the Medicaid system with EMMA (Executive Medicaid Management Administration).
- MMIS to MITS
- Will Medicaid stay with the Boards
 - If so Boards still need Utilization Management tools.

Possible Medicaid Scenarios

- **MEDICAID STAYS WITH THE BOARDS**
 - What changes do Boards need to occur in order to make the present system of Medicaid more viable?
 - How Do Boards meet match?
 - What tools must the Boards have to manage Medicaid?
 - What rights do the Boards have to contract with an ASO?
 - Are there some functions the Boards could or should have the state do?
 - Boards become managed care providers.

Possible Medicaid Scenarios Cont.

- **MEDICAID RETURNS TO THE STATE**
 - Medicaid is Managed by ODMH/ODADAS
 - Medicaid is managed by ODJFS
 - Medicaid is managed by Managed Care Plans

**Issues to consider for all three scenarios (A-C)
for Medicaid to go back to the state**

- Who would be responsible for match?
- What are the implications/opportunities/challenges to consider if Boards no longer have Medicaid?
- What would the practical or procedural issues be if Boards no longer had Medicaid

Medicaid Questions to Research

- **HOW DO OTHER STATES WITH LOCAL SYSTEMS MANAGE MEDICAID?**
 - Who is responsible for match?
 - Who has management controls?
 - What tools do local entities have?
 - Who is responsible for Medicaid auditing

Questions to Consider

- **WHAT DECISIONS MUST BOARDS BE WILLING TO CONSIDER?**
 - **Co-location of functions**
 - **Change in Responsibilities**

Managing the Behavioral Health System

- Ensuring that Medicaid Match is appropriately funded.
- Funding of the system must be equalized.
- Hospital Issues must be addressed
- Need to Continue passing levies



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