

Project: High Risk and Transition Age Youth-Define Delivery Systems, Target Population, Services, and Costs

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PROJECT PURPOSE

Situation

High risk, transition age youth, ages 14-21, particularly those with serious emotional disturbances with a history of or at risk of foster care placement and/or juvenile or criminal justice (DYS/DRC), often receive fragmented, uncoordinated care resulting in utilization of high cost, institutional care and poor life outcomes.

Hot Spots

In SFY 13, 6,695 children (21 years and younger) represented the top 5% of MH Medicaid claims, totaling \$99.5m out of \$292.87m (34% of all claims).

Scope of Work

The focus of this work is to develop interagency (cross-system) process flows and perform “hot spotting” analyses of high risk, transition age youth and establish a baseline profile of the target population and service use in the behavioral health, child welfare systems, juvenile and adult criminal justice systems, and developmental disabilities. Work will also be done to develop data sources within secondary and higher education, rehabilitation, and workforce development systems to track educational and vocational outcomes. The baseline profile developed in this initial phase of work will then be used to determine additional analyses that need to be conducted to determine current expenditures and program investments across agencies, gaps in services, a service/system design, and financing opportunities for Ohio to create a system of care for this population. From this scope of work, proposals for potential initiatives for the FY 16-17 Budget focused on high risk, transitional age youth and the ENGAGE finance plan will be developed

High-Value Targets

- Highly focused initiatives that better coordinate treatment and support for high risk, transition age youth hold the potential to improve educational, vocational, and other life outcomes; and significantly reduce costs for inpatient, residential, correctional, and other high cost services; and
- Realized savings from these initiatives can be budgeted and used to sustain these specialized services and related infrastructure.

PROJECT TEAM

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Operating Protocol

- A. **Applicability.** This Operating Protocol is developed pursuant to O.R.C. Sections 191.01-191.06 and is applicable to following state agencies:
- A. **Purpose.** This Operating Protocol constitutes agreement by the Directors of the participating state agencies with the funding, personnel, workflow, and data sharing responsibilities specified herein.

B. Funding Responsibilities.

- 1. The funding sources identified for the time period specified in the table below are committed to the (project).

Operating Protocol Funding Table for:						
Time Period: xx-xx-xxxx to xx-xx-xxxx						
Agency	Source-Fund	Fund Source-ALI	Amount	CFDA No.	Will Funds Be Sub-Granted?	Description of How Funds Be Transacted

- 2. If the table above indicates any federal funds are to be sub-granted to lower level sub-recipients, the agency issuing the sub-grant will be responsible for communicating federal and state compliance requirements governing program funding. Such requirements include, but are not limited to, 45 CFR 92, OMB Circular A-133 and cost principles outlined within 2 CFR 220, 2 CFR 225 or 2 CFR 230 as applicable to the sub-recipient.

- C. **Personnel.** Personnel identified for the time period specified in the table below are committed to (Project Name).

Operating Protocol Personnel Table for:				
Time Period: xx-xx-xxxx to xx-xx-xxxx				
Agency	Staff Person Name	Position	FTE Value	Functions Performed

D. Workflow. Key workflow process transactions for the initiative are described below.

- 1. Narrative
- 2. Narrative
- 3. Narrative
- 4. Narrative

E. Data Sharing.

- 1. Data sources and elements to be shared for (Project Name) for the time period specified are shown in the table below.

*Ohio Health and Human Services Cabinet
PROJECT MANAGEMENT TEMPLATE*

Operating Protocols Data Sharing Table for:				
05-01-2014 to 06-30-2015				
			Is Data Protected	
Agency	Data Source	Description of Data Elements	Health Information?	Description of Data Sharing Procedures
OhioMHAS				
JFS*	SACWIS	Child Welfare Investigation and Custody Elements	Some elements	JFS sends data to Medicaid for matching, with return of matched data for further analysis
DYS	Diagnosis	Diagnostic information by DSM codes and date range of treatment	Yes	Secure FTP or transmitted, encrypted at all times, via a password protected USB drive, CD/DVD, or other secure medium.
DYS	Medication	NDC codes indicating medication prescribed to youth		Secure FTP or transmitted, encrypted at all times, via a password protected USB drive, CD/DVD, or other secure medium.
DYS	Patient	Basic demographic information including SSN, dob, name, etc.	Some, in combination with other data elements	Secure FTP or transmitted, encrypted at all times, via a password protected USB drive, CD/DVD, or other secure medium.
Medicaid*	MITIS	Medicaid claims/institutional, professional and pharmacy services, utilization and payment data, Recipient Eligibility/Medicaid recipient ID, demographic data, Medicaid health plan and aid category, Medicaid provider data/Medicaid provider ID, NPI, Provider Specialty, Provider Demographics	Yes	Secure FTP or transmitted, encrypted at all times, via a password protected USB drive, CD/DVD, or other secure medium.

** Data being shared between JFS and Medicaid is specifically authorized under agreement U-1415-07-5249*

2. If a participating agency reasonably determines that its protected health information shared with another agency has been maintained, used or disclosed in violation of state or federal law, the agency may cease sharing access to the information until the matter is satisfactorily resolved among the agencies and the Governor's Office of Health Transformation.

3. All agencies involved in the project agree that they shall not use any information, systems, or records made available to them for any purpose other than to fulfill the obligations of the project. All agencies specifically agree to comply with state and federal confidentiality and information disclosure laws, rules, and regulations applicable to programs under which this protocol exists. The participating agencies agree that access to the records and data provided will be restricted to only those authorized employees, officials, subcontractors, and other persons who need it to perform duties under this protocol. The participating agencies shall assure

that all persons who have access to the above-referenced information shall be fully apprised as to the confidential nature of the information, the safeguards required to protect the information, and the applicable civil and criminal sanctions and penalties associated with any intentional or non-intentional disclosure. The participating agencies shall not disclose any of the above-referenced information to any third party without the specific written authorization of the participating agency that provided such information.