

Dear Community Behavioral Health Centers (CMHC)-

We continue to work with our provider community to further enhance access to care for OhioRISE children. Due to increasing need to have respite providers to assist children and families, the reimbursement for respite was updated.

How can you help?

As an existing **Provider Type 84/95** you can help support individuals to become a respite provider by helping them with administrative assistance. The benefits for the CMHC PT 84/95 are increased reimbursement to cover your administrative costs and increase resources to assist children with behavioral health respite needs.

Adding **Provider Type 19 (Managed Care Organization Provider)** allows your organization to employ/contract with family members/natural supports without requiring those family members/natural supports to separately enroll with Medicaid as a Medicaid provider.

Requirements to add Provider Type 19:

1. Obtain a new National Provider Identifier (NPI) @ <https://nppes.cms.hhs.gov>
2. Once a new NPI is obtained, the organization would enter into ODM's PNM system to enroll as an Ohio Medicaid PT 19 and request the "OHR" specialty for the BH respite service.
3. Load a copy the organization's contract with Aetna OR an attestation indicating they are contracting with Aetna OhioRISE to provide the BH Respite service.
4. Adhere to the criminal records check criteria set forth in rule 5160-43-09 of the Administrative Code
5. Obtain and maintain First Aid certification from instruction which includes hands-on training by a certified First Aid instructor.
6. Complete training in trauma-informed care practices as set forth in rule 5101:2-9-42 of the Administrative Code.
7. Complete training in de-escalation strategies that can be used to support the youth and prevent the use of restrictive interventions
8. Bill for the appropriate service (S5150 & S5151) on behalf of the independent and/or natural support respite provider as a Provider Type 84/910.
9. Pay the individual and/or natural support respite provider per the "**all other provider types**" reimbursement rates.
10. Keep the remaining reimbursement for your administrative costs.



Beginning January 1, 2023, the new reimbursement rate is listed below. The Provider Network Management System (PNM) must have **OHR for Behavioral Health Respite and/or ORR code for Out of Home Respite** reflected to demonstrate specialty of respite.

Bill Provider Types: 84, 95, 19, 45	Pay All Other Provider Types
S5150 = \$20.83 with a daily max of \$250.00*	S5150 = \$7.50
S5151 = \$250.00*	S5151 = \$90.00

**Effective January 1, 2023*

If interested, please reach out to us at: OHRISE-Network@aetna.com and reference this email communication.

We look forward to working with you and your staff and the prospect of collaborating on this unique endeavor with Aetna Better Health of Ohio Behavioral Health Respite network.

Sincerely,

Aetna Better Health of Ohio, Network Management