

Rule Summary and Fiscal Analysis (Part A)**Department of Mental Health**

Agency Name

Division

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5122-29-33

Rule Number

NEW

TYPE of rule filing

Rule Title/Tag Line

Health home service for persons with serious and persistent mental illness.**RULE SUMMARY**

1. Is the rule being filed consistent with the requirements of the RC 119.032 review? **No**

2. Are you proposing this rule as a result of recent legislation? **No**

3. Statute prescribing the procedure in accordance with the agency is required to adopt the rule: **119.03**

4. Statute(s) authorizing agency to adopt the rule: **5119.61(A), 5119.611, 5119.612**

5. Statute(s) the rule, as filed, amplifies or implements: **5119.61(A), 5119.611, 5119.612**

6. State the reason(s) for proposing (i.e., why are you filing,) this rule:

The Ohio Department of Mental Health (ODMH) is proposed OAC rule 5122-29-33) as a new mental health service, in order to seek approval from the Centers for Medicare and Medicaid services to include health home service as one of Ohio's community mental health Medicaid reimbursable services. Health home service is a coordinated, person-centered system of care. Better care coordination

can result in improved health outcomes while spending less of the taxpayer's dollars. Health homes aim to integrate physical and behavioral health care by offering and facilitating access to medical, behavioral and social services that are timely, of high quality and coordinated by an individualized care team.

7. If the rule is an AMENDMENT, then summarize the changes and the content of the proposed rule; if the rule type is RESCISSION, NEW or NO CHANGE, then summarize the content of the rule:

The rule describes health home service, requirements for certification, components of the service, provider responsibilities and the team composition.

8. If the rule incorporates a text or other material by reference and the agency claims the incorporation by reference is exempt from compliance with sections 121.71 to 121.74 of the Revised Code because the text or other material is **generally available** to persons who reasonably can be expected to be affected by the rule, provide an explanation of how the text or other material is generally available to those persons:

The rule references national measures from specified entities, which are readily available on the internet.

9. If the rule incorporates a text or other material by reference, and it was **infeasible** for the agency to file the text or other material electronically, provide an explanation of why filing the text or other material electronically was infeasible:

Not applicable.

10. If the rule is being **rescinded** and incorporates a text or other material by reference, and it was **infeasible** for the agency to file the text or other material, provide an explanation of why filing the text or other material was infeasible:

Not Applicable.

11. If **revising** or **refiling** this rule, identify changes made from the previously filed version of this rule; if none, please state so. If applicable, indicate each specific paragraph of the rule that has been modified:

7/18/2012

Revised Business Impact Analysis (BIA), to include answer to Q #15, which was included in the BIA sent to the Common Sense Initiative Office 6/22/2012, but

inadvertently omitted when filing the rule package.

8/14/2012

(B)(3) and (C)(1)(d) - Eliminate (B)(3) and combined w/ new (C)(1)(d)

(C)(1)(c) - Added clarity to components of comprehensive assessment; eliminate "health" as defining term.

(C)(1)(e) - Moved from old (C)(1)(d) to improve flow of paragraph, and add clarifying language to describe what is included in reassessment. Add that integrated care plan has to be reviewed at least once every ninety days.

(C)(2)(h) [old] - Eliminate d/t redundancy

(C)(2)(h) [new] - Clarify that communication is consistent with communication plan that is described in (C)(1)(f)

(C)(3)(d) - Clarify that provider is responsible to include consumer and family/guardian (etc.) in implementing.

(C)(3)(f) - Eliminate d/t redundancy

(C)(4)(a) - Include collaboration with providers as part of health home provider responsibilities

(C)(5)(d)(iii) - Change "enrollee" to "consumer"

(C)(5)(e) - Add "implementation and update" for rule consistency.

(C)(5)(g) - Revise to note that provider responsibilities include assistance in identifying and accessing community supports, not just referring, and identifying types of supports.

(E)(1)(2) - Improve language in (1) and remove requirement for ODMH to approve written agreement in (2), and instead identify components of agreement.

(G) - Reorganize [old] (1) to (3) and [old] (10)(a) and renumber/reformat/reorganize entire paragraph (G) to reflect these changes

(G)(6) - New language to restate/emphasis existing requirements from rule 5122-28-03.

(G)(7) - Remove "or"

(G)(8)(e) - Provider to designate contact to implement prior language to collaborate with managed care plans.

(G)(8)(g) - Revised and deleted language, including remove requirement for

provider responsibility to have a collaborative care agreement with consumer's primary care provider.

(G)(9) - Include language describing outreach plan.

(G)(9)(a)(iii) - Change "revisions" to "updates" for rule term consistency

(G)(9)(b)(i) - Change "alcohol or drug addiction" to "substance abuse treatment" for rule term consistency

(G)(9)(h) - Revise "plan of care" to "integrated care plan"

(G)(10)(a)(vii)(c) [old] - Deleted language duplicative of (G)(12)

(G)(11) - Change "patients" to "consumers"

(J)(1)(b)(ii) - Change treatment "team" to treatment "plan"

(J)(4)(b) - Add "and" for reading clarity

Throughout - Change "care plan" to "integrated care plan" for consistency

Business Impact Analysis - Revise answer to Q #3 to more accurately describe that health home service is not a federal requirement, but an optional program in which Ohio would like to participate.

8/20/2012

Revise Question # 15 on RSFA to clarify how adding additional mental health services and acquiring an electronic health record system may impact a provider's costs, if an individual provider needs to do so in order to obtain certification in health home service.

12. 119.032 Rule Review Date:

(If the rule is not exempt and you answered NO to question No. 1, provide the scheduled review date. If you answered YES to No. 1, the review date for this rule is the filing date.)

NOTE: If the rule is not exempt at the time of final filing, two dates are required: the current review date plus a date not to exceed 5 years from the effective date for Amended rules or a date not to exceed 5 years from the review date for No Change rules.

FISCAL ANALYSIS

13. Estimate the total amount by which *this proposed rule* would **increase /**

decrease either **revenues / expenditures** for the agency during the current biennium (in dollars): Explain the net impact of the proposed changes to the budget of your agency/department.

This will have no impact on revenues or expenditures.

0.00

Not applicable.

14. Identify the appropriation (by line item etc.) that authorizes each expenditure necessitated by the proposed rule:

Not applicable.

15. Provide a summary of the estimated cost of compliance with the rule to all directly affected persons. When appropriate, please include the source for your information/estimated costs, e.g. industry, CFR, internal/agency:

An agency voluntarily chooses to seek ODMH certification in health home service. If a provider seeking certification in health home service needs to add to its existing ODMH certification one or more of the other mental health services which are required by the rule, the provider may incur additional costs in doing so, including staff and administrative costs, the accreditation fee during the agency's next regularly scheduled accreditation survey, etc. The department is unable to estimate these costs which, if incurred, will vary by provider based upon the number of additional services added, whether the provider needs to hire additional staff, whether the additional service is of an amount or type so that it impacts the accreditation fee, etc. If a provider voluntarily obtains certification for health home service, the provider will need to acquire an electronic health record system, if not already using one, within twelve months of beginning to provide the service. There will be costs associated with this, some or all of which may be included in the provider's costs for all services in which an electronic health record is used. The actual costs of implementing or expanding an electronic health record will vary by provider for a variety of reasons, including whether the provider currently has any form of an electronic health record, the size of provider and number of staff and records, electronic health record system chosen, etc. Costs of an electronic system include hardware, software, implementation assistance, training, and on-going fees and maintenance. Some of the expenditures may be offset over time by the efficiency of an electronic system, and decrease in costs related to a paper system. Rules 5122-26-19 and 5122-26-19.1 of the Administrative Code describe the process for a provider to report to ODMH costs associated with the delivery of any ODMH certified mental health service. Each provider must report its costs in accordance with these rules. For health home service, the proposed Medicaid reimbursement rate is established in accordance with Medicaid rules and

subsequently the provider will be paid 100% of the federally allowable costs under rules promulgated by the Ohio Department of Job and Family Services.

16. Does this rule have a fiscal effect on school districts, counties, townships, or municipal corporations? **No**

17. Does this rule deal with environmental protection or contain a component dealing with environmental protection as defined in R. C. 121.39? **No**

S.B. 2 (129th General Assembly) Questions

18. Has this rule been filed with the Common Sense Initiative Office pursuant to R.C. 121.82? **Yes**

19. Specific to this rule, answer the following:

A.) Does this rule require a license, permit, or any other prior authorization to engage in or operate a line of business? **Yes**

A mental health agency is required to obtain ODMH certification if it wants to bill the community mental health Medicaid program and/or seek a contract with its local mental health board to receive local/public funding for the service.

Providers seeking other sources of funding for a service, e.g. contracts with insurance companies, private pay, etc. may operate without ODMH certification.

B.) Does this rule impose a criminal penalty, a civil penalty, or another sanction, or create a cause of action, for failure to comply with its terms? **Yes**

Sanction: An agency may be issued a probationary certificate for failure to submit an approved plan of correction, or for non-compliance with any certification standard. There is no other sanction associated with the issuance of a probationary certificate, i.e. there are no fines or other consequences.

Cause of Action: ODMH can initiate a hearing under Chapter 119 of the Revised Code to revoke an agency's certification for failure to submit an approved plan of correction, or for non-compliance with any certification standard.

C.) Does this rule require specific expenditures or the report of information as a condition of compliance? **Yes**

There is a cost associated with obtaining the requisite integrated behavioral health/physical health care accreditation/certification. Certified providers are

required to report data and meet health home performance measurements which consist of mandatory Centers for Medicare and Medicaid Services (CMS) core measures and measures established by the Ohio department of mental health. CMS requires the collection and reporting of data as a condition of approving health home services as a Medicaid reimbursable service.