

Rule Summary and Fiscal Analysis

Part A - General Questions

Rule Number: 5160-27-02

Rule Type: Amendment

Rule Title/Tagline: Coverage and limitations of behavioral health services.

Agency Name: Ohio Department of Medicaid

Division:

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I. Rule Summary

1. **Is this a five year rule review?** No
 - A. **What is the rule's five year review date?** 4/30/2023
2. **Is this rule the result of recent legislation?** Yes
 - A. **If so, what is the bill number, General Assembly and Sponsor?** SB 265 - 132
- Matt Dolan
3. **What statute is this rule being promulgated under?** 119.03
4. **What statute(s) grant rule writing authority?** 5164.02, 5162.05, 5162.02
5. **What statute(s) does the rule implement or amplify?** 5164.02, 5164.88, 5164.76, 5164.15, 5164.03
6. **What are the reasons for proposing the rule?**

This rule is being proposed for amendment to update ODM policy.
7. **Summarize the rule's content, and if this is an amended rule, also summarize the rule's changes.**

This rule states the Medicaid coverage policy and general restrictions regarding the provision of mental health and substance use disorder treatment services provided

by eligible providers described in rule 5160-27-01. The proposed rule revisions add language that permits pharmacists to render behavioral health services in accordance with rule 5160-8-52. Revisions also include the deletion of language regarding health homes which is no longer needed and the correction of an erroneous rule reference. Language is added to address the provision of peer recovery services and other language regarding telehealth services is updated.

8. **Does the rule incorporate material by reference? Yes**
9. **If the rule incorporates material by reference and the agency claims the material is exempt pursuant to R.C. 121.75, please explain the basis for the exemption and how an individual can find the referenced material.**

This rule incorporates one or more references to another rule or rules of the Ohio Administrative Code. This question is not applicable to any incorporation by reference to another OAC rule because such reference is exempt from compliance with RC 121.71 to 121.74 pursuant to RC 121.75.

This rule incorporates one or more references to the Code of Federal Regulations (CFR). This This question is not applicable to those references in this rule because such references are exempt from compliance with ORC 121.74 to 121.74 pursuant to RC 121.75.

10. **If revising or re-filing the rule, please indicate the changes made in the revised or re-filed version of the rule.**

Upon review of the rule and appendix, JCARR requested that the appendix be replaced with a "clean version" of the appendix that did not contain the previous file date. That version has been removed and replaced with a version that does not have the file date. The policy content of the replaced version is the same as that of the previous version.

II. Fiscal Analysis

11. **Please estimate the increase / decrease in the agency's revenues or expenditures in the current biennium due to this rule.**

This will have no impact on revenues or expenditures.

\$0.00

Not Applicable.

12. **What are the estimated costs of compliance for all persons and/or organizations directly affected by the rule?**

Not Applicable.

13. Does the rule increase local government costs? (If yes, you must complete an RSFA Part B). No
14. Does the rule regulate environmental protection? (If yes, you must complete an RSFA Part C). No
15. If the rule imposes a regulation fee, explain how the fee directly relates to your agency's cost in regulating the individual or business.

Not applicable.

III. Common Sense Initiative (CSI) Questions

16. Was this rule filed with the Common Sense Initiative Office? No
17. Does this rule have an adverse impact on business? No
 - A. Does this rule require a license, permit, or any other prior authorization to engage in or operate a line of business? No
 - 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? No
 - C. Does this rule require specific expenditures or the report of information as a condition of compliance? No
 - D. Is it likely that the rule will directly reduce the revenue or increase the expenses of the lines of business of which it will apply or applies? No

IV. Regulatory Restrictions (This section only applies to agencies indicated in R.C. 121.95 (A))

18. Are you adding a new or removing an existing regulatory restriction as defined in R.C. 121.95? Yes
 - A. How many new regulatory restrictions do you propose adding? 0

B. How many existing regulatory restrictions do you propose removing? 8

(L)(3) Health home services must be provided only in geographical regions approved by the centers for medicare and medicaid services (CMS).

(L)(4) When a health home enrollee or the parent or guardian requests to disenroll from the health home, the health home must process the disenrollment within three business days.

(L)(4) The request for disenrollment, including the date the request was made, must be recorded in the client record.

(L)(5) Health home services must be provided in accordance with rule 5122-29-33 of the Administrative Code

(L)(5) Health home services performed after the development of the single, person-centered, integrated care plan must be directly linked to the goals and actions documented in the single, person-centered integrated care plan.

(L)(5) Health home services shall be documented as necessary to establish medical necessity as defined in Chapter 5160-1 of the Administrative Code.

(L) Health home services as described in rule 5122-29-33 of the Administrative Code shall be available until July 1, 2018,

(L) at which time the service shall be terminated.