Hearing Summary Report

Note: Upload completed document to the Electronic Rule Filing System.

Hearing Date: 2/14/2019 Today's Date: 2/21/2019

Agency: Ohio Department of Job and Family Services

Rule Number(s): 5101:10-3-01 (ERF 184523); 5101:2-42-66, 5101:2-42-66.1, 5101:2-42-66.2 (ERF 183813); 5101:2-49-02 (R/N), 5101:2-42-02.1 (ERF 184869); 4141-17-02, 4141-17-03, 4141-17-04, 4141-17-05 (ERF 184524); 4141-1-03 (ERF 184935) 5101:2-5-04, 5101:2-5-13.1, 5101:2-5-27, 5101:2-5-29, 5101:2-5-36, 5101:2-5-37, 5101:2-5-40, 5101:2-33-80 (ERF 184182); 4141-30-01 (ERF 184934).

If no comments at the hearing, please check the box. ☐

List organizations or individuals giving or submitting testimony before, during or after the public hearing and indicate the rule number(s) in question.

1. Mary D. Wachtel, Director of Public Policy, Public Children Services Association of Ohio – Rule 5101:2-42-66 "Administrative Procedures for Comprehensive Health Care for Children in Placement"
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Consolidated Summary of Comments Received

Please review all comments received and complete a consolidated summary paragraph of the comments and indicate the rule number(s).

Rule 5101:2-42-66

Ms. Wachtel's comment: ODJFS has completed a five-year review of rules regarding comprehensive health care for children in placement. PCSAO and member agencies reviewed the proposed changes to the rules, identified questions and concerns, and submitted comments during the Clearence process.

We appreciate that ODJFS will maintain the current timeframe of 5 working days for a PSCA abd PCPA to ensure a medical screening is completed when a child enters substitute care or when a child's placement changes, rather than the proposed 72 hours.

PCSAO remains concerned that ODJFS has maintained a requirement for "written interagency procedures to implement comprehensive heath care for children in placement between the CJFS and custody holding agency, if applicable." 5101:2-42-66 (B). We believe these requirements amount to paperwork with no real purpose and should be examined by the process suggested below.

Overall, PCSAO finds that the rule package still does not sufficiently account for the shift from Fee-For-Service Medicaid to Managed Care Medicaid for children in custody. Today, nearly all children in custody are enrolled in a Medicaid managed care plan, and many of the children entering custody keep the same Medicaid managed care plan they had prior to coming into custody. Many of the requirements for public children services agencies (PCSAs) listed in the rule package overlap with requirements for other entities, including the Medicaid Managed Care Plans.

PCSAO requests that before these rules proceed further, the Ohio Department of Medicaid, the managed care plans, Ohio Department of Job and Family Services, county departments of job and family services and public children services agencies should meet to discuss and outline their respective roles and responsibilities in order to 1) improve access to care for children in custody and 2) create synergy and efficiencies within the systems. These conversations can inform additional changes to these rules before final-filing.

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Incorporated Comments into Rule(s)

Indicate how comments received during the hearing process were incorporated into the rule(s). If no comments were incorporated, explain why not.

Agency response: Thank you for your comment. The part of rule 5101:2-42-66 regardign written interagency agreements has not changed. The Office of Families and Children did not meet with and provided the draft rules to the Department of Medicaid including the Healthchek policy developer for comments. The changes in the rule with regards to Healthchek are a direct result of those conversations. Healthchek is a Federally mandated program. Healthchek benefits must be available to all children covered by Medicaid. As such, children enrolled in managed care plans, prepaid inpatient health plans, prepaid ambulatory health plans, primary care case management systems (collectively referred to as managed care entities) are entitled to the same Healthchek benefits they would have in a fee for service Medicaid delivery system. Properly implemented, managed care can enhance and promote Healthchek's goals of ensuring that care is provided in a coordinated way and with an emphasis on prevention.

As Ohio is a county administered system and some of our child welfare agencies are not combined with their county department of job and families, these written interagency agreements are needed to ensure the continuity of the federally required healthcare services for children in the custody of public welfare agencies. In an effort to align rules with Medicaid requirements, no changes were made to this rule.