

CSI - Ohio

The Common Sense Initiative

MEMORANDUM

TO: Janel Pequignot, Ohio Department of Mental Health

FROM: Whitney Sullinger, Regulatory Policy Advocate

DATE: August 15, 2012

RE: CSI Review – ODMH Health Home Service

On behalf of Lt. Governor Mary Taylor, and pursuant to the authority granted to the Common Sense Initiative (CSI) Office under Ohio Revised Code (ORC) section 107.54, the CSI Office has reviewed the abovementioned administrative rule package and associated Business Impact Analysis. This memo represents the CSI Office's comments to the Agency as provided for in ORC 107.54.

Analysis

The Ohio Department of Mental Health (ODMH) submitted a rule package containing four rules on June 22, 2012. As described below, the rule package was subsequently revised to include only three rules. The comment period for the rule package was held open through July 9, 2012, and due to timing requirements, ODMH filed the rules with the Joint Committee on Agency Rule Review (JCARR) on July 17, 2012.

The rule package establishes Medicaid health homes as a new certified mental health service for those who meet the definition of serious and persistent mental illness. A health home provides comprehensive medical, mental health and drug and/or alcohol addiction treatment, and social services that are coordinated by a team of health care professionals. Proposed rule 5122-29-33 creates the new mental health service, while the other rules are being amended to support the addition of medical homes as a certified service.

According to ODMH, the goals of Ohio's health homes are to improve integration of physical and behavioral health care; lower the rates of hospital emergency department use; reduce hospital admissions and readmissions; reduce health care costs; decrease reliance on long-term

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care facilities; improve the experience of care, quality of life and consumer satisfaction and improve health outcomes.

ODMH involved stakeholders throughout the rule making process and made changes along the way to address concerns. Beginning in 2011, ODMH invited a variety of interested parties via email and meetings to participate in discussions regarding the proposed new health home service. ODMH held targeted discussions in different areas and posted all workgroup minutes and products on its web page. According to ODMH, feedback was actively solicited and taken into account in the program design and rule development. The rule package was also available informally for comment on the ODMH web site a week prior to the public notification being sent out. ODMH reviewed all comments received, responded individually to each commenter and made changes to the rules in response to some of the comments.

For example, numerous commenters requested that pharmacists should be added to the health home team in some capacity. ODMH agreed and pharmacists are now able to be a qualified health home specialist under the revised draft rule language. Also, ODMH reworded language concerning collaborative care agreements per comments received by the Ohio Council of Behavioral Health & Family Services Providers, and added a new section to address additional concerns raised around the same issue. Furthermore, changes to definitional language were made in response to Ohio Council comments. Lastly, one of the rules was removed from the package altogether because the proposed amended language was found to create significant concerns and barriers by commenters. ODMH submitted a revised BIA to reflect that the package will now contain only three rules.

Additional revisions were made to the new health home rule by ODMH after they filed with JCARR. Rule 5122-29-33 was further amended to take into account discussions held after filing with the Ohio Council concerning collaborative care agreements. According to ODMH, the Ohio Council has reviewed and agreed to all revisions. Some of the proposed revisions are minor clarifications or were added to achieve consistency throughout the rule. There were a few changes made by ODMH to address issues with uniformity of the rule and the state plan amendment.

The BIA submitted by ODMH did contain one reference that appears to be inaccurate. In response to Question #3, which asks whether the draft rule implements a federal requirement, the Department cited Section 2703 of the federal Affordable Care Act. However, upon closer evaluation, the proposed health home program outlined in these draft rules is neither required by nor dependent upon the Affordable Care Act. In fact, the concept of health homes has existed for years, and according to the federal Centers for Medicare & Medicaid Services (CMS), health home programs established by states have previously been funded through Medicaid. The Affordable Care Act provision created an additional avenue for states to pursue Medicaid State

Plan amendments targeting the health home concept for persons with severe mental illness, but it is not a necessary component to the program's implementation.

In summary, after reviewing the revised BIA, the CSI Office has no specific recommendations with respect to the rule or the BIA for the following reasons:

- The revised BIA submitted by ODMH was, with the one exception noted above, accurate and complete and did not raise any ongoing issues.
- ODMH involved relevant stakeholders in the development of the rule and the resulting changes are representative of the input of the interested parties.
- Generally, the rule package satisfactorily meets the standards espoused by the CSI Office.

Recommendations

For the reasons explained above this office does not have any recommendations regarding this rule package.

Conclusion

Based on the above comments, the CSI Office concludes that the Department may continue with the JCARR process for the revised rule package.

cc: Mark Hamlin, Lt. Governor's Office