

**MEMORANDUM**

TO: Janel M. Pequignot, Chief of Licensure and Certification, Ohio Department of Mental Health

FROM: Mark Hamlin, Director of Regulatory Policy

DATE: July 3, 2013

RE: **CSI Review – Health Home Services for Persons with Serious and Persistent Mental Illness (OAC 5122-29-33)**

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 (BIA). This memo represents the CSI Office's comments to the Agency as provided for in ORC 107.54.

Analysis

This rule package consists of a single amended rule being proposed by the Ohio Department of Mental Health (ODMH), addressing the standards for health home services for persons with serious and persistent mental illness. The rule was submitted to the CSI Office on June 6, 2013, and the comment period expired on June 19, 2013. Three comments were received during the CSI review period.

As noted in the BIA submitted with the rule, a health home is a coordinated system of care that allows an eligible person to obtain comprehensive medical, mental health, addiction, and social services through a team of health care professionals. The rule amendments are the result of an initiative to allow Community Behavioral Health Centers to become eligible to participate as health homes within the Medicaid program. Under federal rules, to accomplish this goal, the state must submit a Medicaid State Plan Amendment to the federal Centers for Medicare and Medicaid Services (CMS). As part of this process, ODMH must adopt a process for assuring compliance with the standards for health home services. The proposed amendments to OAC 5122-29-33 are

intended to meet this requirement.

In its BIA, the Department explains that it has strived to propose a health home model and quality measures that meet the state's goals in terms of health outcomes, provide cost savings, and meet all federal requirements in order to achieve CMS approval of the proposed State Plan Amendment. It describes a comprehensive stakeholder outreach dating to 2011 to develop this program. The primary adverse impact of the rule is the requirement that in order to be certified by ODMH to bill Medicaid, the provider must obtain behavioral health accreditation from one of three national accreditation bodies. These accreditation bodies do charge fees that the Department has estimated average between \$6,895 and \$20,000. Ultimately the benefit to the public health from the coordination of care provided by health home services, as well as the benefit to a provider who chooses to seek the ability to bill Medicaid, justify the adverse impacts from the proposed rule.

During the CSI review process, three organizations submitted comments offering specific suggestions for various aspects of the rule. These suggestions appear to be thoughtful input to assist the Department in crafting rule language that will be as effective as possible. The CSI Office encourages the Department to seriously consider these suggestions, but the outcome of any of these specific suggestions does not impact the overall conclusion that the purpose of the rule justifies its adverse impact to businesses.

Recommendations

For the reasons discussed above, the CSI Office does not have any recommendations for this rule package.

Conclusion

Based on the above comments, the CSI Office concludes that ODMH should proceed with the formal filing of this rule package with the Joint Committee on Agency Rule Review.