

**Department of Medicaid****John R. Kasich**, Governor**Barbara R. Sears**, Director

TO: Emily Kaylor, Director of Regulatory Policy
Ohio Lieutenant Governor's Office

THROUGH: Brianne Brown, Chief Legal Counsel *BBS*
Ohio Department of Medicaid

FROM: Ogbe Aideyman, Chief
Bureau of Health Plan Policy

SUBJECT: CSI Review – *Behavioral Health-Other Licensed Practitioners (OAC 5160-8-05) and Behavioral Health Services and Medications Rule*

DATE: May 18, 2017

Thank you for your review of the Behavioral Health Redesign Package of eight rescinded rules and 12 new rules of the Administrative Code that make up the Behavioral Health Redesign Package. We have made the following changes based on stakeholder testimony provided at the Chapter 119 Public Hearing. All rules not listed below have not been changed since the CSIO review. Based upon your recommendation for no additional changes to the rule, the Ohio Department of Medicaid will proceed with the formal filing of this rule package with the Joint Committee on Agency Rule Review.

5160-8-05

- Section (F) Removed the term "summaries of psychotherapy sessions" to avoid any confusion with the HIPAA protected psychotherapy notes
- Section (F) Reorganized the documentation section to clarify which parts of the documentation need to be updated after every session and which do not (example: treatment plan)
- (D)(1)(v) Added prolonged services to the list of covered codes
- (b)(5)(e) Updated the definition of psychology assistants to include all registered assistants, interns, trainees that are covered by the psychology board. This language was approved by the psychology board.

5160-27-01

- (A)(3) Changed certified nurse specialist to clinical nurse specialist to match state defined licensure

5160-27-02

- (F) revised language to include (A)(4) of 5160-27-01 to clarify payment and practitioners for medical services; added language that practitioners work within their scope of practice
- (G) removed language to prevent any state interpretation of federal legislation

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- (K)(4) removed language to prevent any state interpretation of federal legislation
- (L) added this paragraph to extend health home operations until 12/31/2017

5160-27-03

- (D) Added (1), (2), (3), (4) to clarify the reimbursement rate methodology for practitioners per stakeholder feedback that tiered rates were not clear in the existing rules (Note: Appendix DD is also being updated to clarify tiered rates for Behavioral Health Services)
- (K)(L)(M) Added these paragraphs to extend payment for health home operations until 12/31/2017

5160-27-08

- (D) Removed the previously included paragraph (4) which restricted TBS group billing on the same day as MH Day Treatment based on recent policy changes.

5160-27-11

- (D) Removed the previously included paragraph (4) which restricted E&M billing as pledged with the last rule filing