



MEMORANDUM

TO: Kaye Norton, Ohio Department of Health

FROM: Travis Butchello, Regulatory Policy Advocate

DATE: October 27, 2017

RE: CSI Review – Help Me Grow Home Visiting (OAC 3701-8-01 through 3701-8-

10.2)

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This rule package consists of eight amended¹, seven rescinded, and two new rules proposed by the Ohio Department of Health (ODH) as part of the statutory five-year rule review requirement. The rule package was submitted to the CSI Office on August 3, 2017 and the public comment period was held open through September 2, 2017. Twenty-four comments were received during this time. Responses to the comments were provided on October 3, 2017.

The rules outline the requirements of home visiting services throughout the state. Specifically, the rules outline participant and provider eligibility, quality assurance, record keeping, rights and privacy practices, and criteria for reimbursement. ODH states in the BIA that the purpose of the regulations is to ensure that state-funded home visiting services are using evidence-based practices, are operating efficiently, and promote public health and safety.

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¹ Ohio Administrative Code (OAC) 3701-8-01, 3701-8-02, 3701-8-03, 3701-8-04, 3701-8-06, 3701-8-07, 3701-8-09, and 3701-8-10 are being amended to the extent that the Legislative Service Commission requires the Department to rescind the rules and replace them with a new rule of the same rule number.

As part of the early stakeholder outreach process, ODH facilitated 6 regional stakeholder meetings and sought feedback from providers, state and local government officials, and other interested parties regarding the rules. Stakeholder input largely centered around requirements for evidenced-based practices and how the current rules were outdated. During the entirety of the process, stakeholders expressed their approval of ODH's proposed changes to the rules.

Twenty-four comments were received during the CSI public comment period. One commenter expressed concern over the new data entry requirements and stated that it was unreasonable for a home visitor, who has a caseload of 35 to 40 clients, to submit all data to ODH within 10 days. ODH replied that while this may be an inconvenience, it is imperative that ODH receive the data in a timely manner so that best practice standards can be recognized. The Department emphasized that it would work with providers so that they meet the requirement. Another commenter expressed concern regarding the age of entry requirements under the program and whether the reimbursement rates for those who require the highest levels of services are appropriate. ODH responded by stating that their models ensure that those who are most in need of the home visiting services are served by the program and that the current rates are not sustainable. Therefore, ODH wishes to move forward with a performance-based payment structure that will ensure those providing the best quality care will receive the highest rates, notwithstanding level of need. Lastly, many commenters did not agree with the requirement that new hires have a minium of one year experience working with pregnant women, infants, or toddlers. Specifically, they emphasize that this hinders the hiring process of a recent graduate who is capable of doing the job and providing adequate care under proper supervision. ODH replied that the requirement is consistent with current rule 3701-8-03 and that the draft rules actually expand the number of degrees that may be considered in the applicant pool which increases the number of qualified individuals.

ODH contends in the BIA that no adverse impact exists under the rules because they do not implement any additional requirements on business that could cause them to incur additional financial expenses and the rules remove unrelated requirements and allow for more flexibility for patients and providers. However, because this package is being reviewed as part of the statutory five-year rule review requirement, the CSI office is required to assess any adverse impact that exist in the entirety of the rules. Based upon that analysis, this office recognizes there are administrative impacts on business in the form of reporting requirements and record keeping which will require administrative time and costs.

Recommendation

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 Ohio Department of Health should proceed with the formal filing of this rule package with the Joint Committee on Agency

Rule Review.