

Rule Summary and Fiscal Analysis

Part A - General Questions

Rule Number: 5122-29-17

Rule Type: No Change

Rule Title/Tagline: Community psychiatric supportive treatment (CPST) service.

Agency Name: Department of Mental Health and Addiction Services

Division:

Address: 30 East Broad Street Columbus OH 43215

Contact: Howard Henry

Email: Howard.Henry@mha.ohio.gov **Phone:** 614-752-8365

I. Rule Summary

1. Is this a five year rule review? Yes
 - A. What is the rule's five year review date? 6/28/2018 and 06/28/2023
2. Is this rule the result of recent legislation? No
3. What statute is this rule being promulgated under? 119.03
4. What statute(s) grant rule writing authority? 5119.36
5. What statute(s) does the rule implement or amplify? 5119.36
6. What are the reasons for proposing the rule?

As part of the behavioral health benefit redesign undertaken with the Ohio Department of Medicaid, the Department of Mental Health and Addiction Services agreed to make no changes to this service for at least the first year of the redesign implementation. The rule is being put through the statutorily required five-year review process as a "no-change" rule.

7. Summarize the rule's content, and if this is an amended rule, also summarize the rule's changes.

The community psychiatric supportive treatment service (CPST) is a bundled service intended to provide an array of services to individual clients through individual professionals or multidisciplinary teams. The CPST certified service defines the types of activities that may be provided under the service, the method of delivery, and requires case coordination and a development plan for the individual's needs.

8. **Does the rule incorporate material by reference?** No
9. **If the rule incorporates material by reference and the agency claims the material is exempt pursuant to R.C. 121.71 to 121.76, please explain the basis for the exemption and how an individual can find the referenced material.**

Not Applicable

10. **If revising or re-filing the rule, please indicate the changes made in the revised or re-filed version of the rule.**

Not Applicable

II. Fiscal Analysis

11. **As a result of this proposed rule, please estimate the increase / decrease in revenues or expenditures affecting this agency, or the state generally, in the current biennium or future years. If the proposed rule is likely to have a different fiscal effect in future years, please describe the expected difference and operation.**

This will have no impact on revenues or expenditures.

0.0

Not applicable.

12. **What are the estimated costs of compliance for all persons and/or organizations directly affected by the rule?**

There is no new cost of compliance for this rule. Providers who desire to bill Medicaid for this bundled service will need to meet the requirements of the service delivery in the rule.

13. **Does the rule increase local government costs? (If yes, you must complete an RSFA Part B).** No

14. Does the rule regulate environmental protection? (If yes, you must complete an RSFA Part C). No

III. Common Sense Initiative (CSI) Questions

15. Was this rule filed with the Common Sense Initiative Office? Yes

16. Does this rule have an adverse impact on business? Yes

- A. Does this rule require a license, permit, or any other prior authorization to engage in or operate a line of business? Yes

Providers of behavioral health services must be certified to provide these services and receive funding from state or federal sources.

- B. Does this rule impose a criminal penalty, a civil penalty, or another sanction, or create a cause of action, for failure to comply with its terms? No

- C. Does this rule require specific expenditures or the report of information as a condition of compliance? No