

Rule Summary and Fiscal Analysis

Part A - General Questions

Rule Number: 5160-27-05
Rule Type: Rescission
Rule Title/Tagline: Mental health intensive home based treatment service.
Agency Name: Ohio Department of Medicaid
Division:
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I. Rule Summary

1. **Is this a five year rule review?** Yes
 - A. **What is the rule's five year review date?** 11/30/2021
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?** 5162.02, 5162.05, 5164.02
5. **What statute(s) does the rule implement or amplify?** 5162.02, 5162.03
6. **What are the reasons for proposing the rule?**

This rule is being proposed for rescission as it is being replaced by a rule with a different title but the same rule number.

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

This rule describes the eligibility criteria for receiving the service as well as the provider requirements for rendering the service. Documentation requirements for providers and reimbursement policies are also stated.

8. **Does the rule incorporate material by reference?** Yes

9. **If the rule incorporates material by reference and the agency claims the material is exempt pursuant to R.C. 121.75, please explain the basis for the exemption and how an individual can find the referenced material.**

This rule incorporates one or more references to another rule or rules of the Ohio Administrative Code. This question is not applicable to any incorporation by reference to another Ohio Administrative Code rule because such reference is exempt from compliance with RC 121.71 to 121.74 pursuant to RC 121.75.

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. **Please estimate the increase / decrease in the agency's revenues or expenditures in the current biennium due to this rule.**

This will have no impact on revenues or expenditures.

0.00

Not Applicable.

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

Not Applicable.

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**

15. **If the rule imposes a regulation fee, explain how the fee directly relates to your agency's cost in regulating the individual or business.**

Not Applicable.

III. Common Sense Initiative (CSI) Questions

16. Was this rule filed with the Common Sense Initiative Office? No
17. Does this rule have an adverse impact on business? No
- A. Does this rule require a license, permit, or any other prior authorization to engage in or operate a line of business? No
 - 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
 - D. Is it likely that the rule will directly reduce the revenue or increase the expenses of the lines of business of which it will apply or applies? No

IV. Regulatory Restrictions (This section only applies to agencies indicated in R.C. 121.95 (A))

18. Are you adding a new or removing an existing regulatory restriction as defined in R.C. 121.95? Yes
- A. How many new regulatory restrictions do you propose adding? 0
 - B. How many existing regulatory restrictions do you propose removing? 22
- 5160-27-05 (D)(2) Removing restrictive language that upon disenrollment of an IHBT recipient, the IHBT team shall document the circumstances regarding disenrollment in the recipient's treatment plan.
- 5160-27-05 (D)(2) Removing restrictive language that either the provider or the ODM designated entity shall deactivate the authorization for the IHBT service.
- 5160-27-05 (H)(2)(a) Removing restrictive language that the treatment plan shall be individualized.
- 5160-27-05 (H)(2)(a) Removing restrictive language that the treatment plan shall also identify who will carry out the approaches and interventions.

5160-27-05 (H)(2)(b) Removing restrictive language that the treatment plan shall address, at a minimum, the following key areas:

- (i) Behavioral health symptom reduction.
- (ii) Risk reduction and safety planning.
- (iii) Family and interpersonal relationship.
- (iv) Functioning in relevant life domains.

5160-27-05 H()(2)(c) Removing restrictive language that the treatment plan shall be reviewed and updated by an IHBT practitioner with the recipient or guardian whenever there is a significant change in condition or at least every three months.

5160-27-05 H()(2)(c) Removing restrictive language that the treatment plan update shall include a summary of the recipient's progress, goal attainment, effectiveness of the intervention and the recipient's satisfaction with the IHBT practitioner's intervention(s).

5160-27-05 (E)(4)(h) Removing restrictive language that providers of IHBT must meet stated items regarding services and scheduling.

5160-27-05 (E)(4)(i) Removing restrictive language that specified treatment durations and continuity of care must be met.

5160-27-05 (D)(2) Removing restrictive language that either the provider or the ODM designated entity shall deactivate the authorization for the IHBT service.

5160-27-05 (B) Removing restrictive language that to be eligible for IHBT, a medicaid recipient must meet stated requirements in the rule.

5160-27-05 (B)(3) Removing restrictive language that the recipient must have at least one adult family member or other adult individual who is a part of the recipient's home who authorizes IHBT services to be provided, and actively participates in the provision of IHBT.

5160-27-05 (C)(1) Removing the restrictive language that the provider must submit a request for prior authorization and receive approval from the Ohio department of medicaid designated entity before ODM will reimburse for IHBT services.

5160-27-05 (D)(2) Removing restrictive language that the provider must inform the ODM designated entity of disenrollment within three business days of the discharge date.

5160-27-05 (E) Removing restrictive language that a provider of IHBT must meet criteria listed in the rule.

5160-27-05 (G) Removing restrictive language that all IHBT services must be rendered by an IHBT practitioner to the recipient or his/her family members who are participating in the treatment.

5160-27-05 (H) Removing restrictive language that documentation in the recipient's client record of the services provided by the IHBT practitioner must meet specified requirements stated in the rule as well as those stated in rules 5160-1-27 and 5160-8-05 of the Administrative Code.

5160-27-05 (H)(2) Removing restrictive language that the IHBT practitioner must develop a specific treatment plan for each recipient receiving IHBT.

5160-27-05 H()(2) Removing restrictive language that the treatment plan must, at a minimum, meet the requirements stated in rule 5160-8-05 of the Administrative Code as well as specific requirements stated in this rule.

5160-27-05 (F) Removing restrictive language that ODM reserves the right to require subsequent review of an IHBT practitioner's fidelity performance if ODM has reason to believe that the IHBT practitioner's fidelity to the model may be in question.

5160-2-05 (K) Removing restrictive language that substance use disorder (SUD) targeted case management requires prior authorization from the ODM designated entity while a recipient is enrolled in IHBT.

5160-27-05 (H)(2)(a) Removing restrictive language that the treatment plan shall set measurable long-term and short term goals and specify approaches and interventions necessary for the recipient to achieve the individual goals.