

## Rule Summary and Fiscal Analysis

### Part A - General Questions

**Rule Number:** 5160-59-03.2

**Rule Type:** Amendment

**Rule Title/Tagline:** OhioRISE: care coordination.

**Agency Name:** Ohio Department of Medicaid

**Division:**

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#### I. Rule Summary

1. **Is this a five year rule review?** No
  - A. **What is the rule's five year review date?** 7/1/2027
2. **Is this rule the result of recent legislation?** Yes
  - A. **If so, what is the bill number, General Assembly and Sponsor?** HB 33 - 135  
- Jay Edwards
3. **What statute is this rule being promulgated under?** 119.03
4. **What statute(s) grant rule writing authority?** 5162.03, 5167.02
5. **What statute(s) does the rule implement or amplify?** 5167.02, 5167.03, 5167.04, 5167.10
6. **Does the rule implement a federal law or rule in a manner that is more stringent or burdensome than the federal law or regulation requires?** No
  - A. **If so, what is the citation to the federal law or rule?** Not Applicable
7. **What are the reasons for proposing the rule?**

The proposed changes would allow the care management entities additional flexibility with meeting care coordination activities timeframes so they can be more responsive to children/youth and their families/caregivers.

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

Administrative code rule 5160-59-03.2, entitled "OhioRISE: Care Coordination (ICC/MCC)," defines the tiers of OhioRISE care coordination and how the different tiers are determined for the members of OhioRISE. This rule also defines the care management entities and their responsibilities over care coordination of an OhioRISE member.

This rule is being amended to include up to date CANS information, removal of various timelines to increase flexibility, include additional language around the individual crisis and safety plan, and other minor edits. This rule will also update Medicaid reimbursement rates for this service.

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

**10. 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 Administrative Code. This question is not applicable to any incorporation by reference to another Administrative Code rule because such reference is exempt from compliance with RC 121.71 to 121.74 pursuant to RC 121.75(A)(1). OAC Medicaid rules may be found online at: <http://codes.ohio.gov/oac/5160>.

This rule incorporates one or more dated references to the Code of Federal Regulations (CFR). This question is not applicable to any dated incorporation by reference to the CFR because such reference is exempt from compliance with RC 121.71 to 121.74 in accordance with RC 121.75(A)(2).

**11. 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**

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

This will increase expenditures.

\$40,000,000

In accordance with the budget provisions in Am. Sub. H.B. 33 of the 135th Ohio General Assembly, the Ohio Department of Medicaid is amending this rule to increase payments made to providers for rendering the service starting in calendar year 2024. Additionally, part of the increase in payments to providers rendering the service is due to revisions in the rule that reflect program changes being made which are unrelated to the budget provisions.

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

OAC rule 5160-59-03.2 OhioRISE: care coordination (ICC/MCC) requires Care Management Entities to conduct care coordination activities for OhioRISE enrollees, maintain records and service plans for members, and complete the care plan process within specified timeframes for OhioRISE 1915(c) waiver enrollees. Care Management Entities are to report to ODM and the OhioRISE Plan incidents that are not consistent with the routine care of, and/or service delivery to, an individual. This is a federal requirement and is necessary to ensure the health and safety of individuals enrolled in OhioRISE program. Care coordinators and supervisors will complete training for high-fidelity wraparound and complete skill and competency-based programs. Costs to the Care Management Entities include staff time to maintain and submit/report information to the OhioRISE plan, and the cost to complete the required training.

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

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

**16. 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**

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

18. 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

Care Management Entities are required to maintain an active, valid Medicaid provider agreement. Additionally, an ICC or MCC care coordinator is required to be a licensed or an unlicensed practitioner.

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

N/A

C. Does this rule require specific expenditures or the report of information as a condition of compliance? Yes

Care management entities are required to maintain records and service plans for members, record the circumstances regarding transition, record progress notes detailing care coordination activities, complete the care plan within specified timeframes, and submit to the OhioRISE plan for approval. They will also report incidents that are not consistent with the routine care of, and/or service delivery to an individual to ODM or the OhioRISE plan. This is a federal requirement and is necessary to ensure the health and safety of individuals enrolled in OhioRISE program.

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? Yes

Care Management Entities are required to maintain an active, valid Medicaid provider agreement. Additionally, an ICC or MCC care coordinator is required to be a licensed or an unlicensed practitioner.

**IV. Regulatory Restriction Requirements under S.B. 9. Note: This section only applies to agencies described in R.C. 121.95(A).**

19. Are you adding a new or removing an existing regulatory restriction as defined in R.C. 121.95? No

A. How many new regulatory restrictions do you propose adding to this rule?

Not Applicable

- B. How many existing regulatory restrictions do you propose removing from this rule?**

Not Applicable

- C. If you are not removing existing regulatory restrictions from this rule, please list the rule number(s) from which you are removing restrictions.**

Not Applicable

- D. Please justify the adoption of the new regulatory restriction(s).**

Not Applicable