

PUBLIC HEARING NOTICE
OHIO DEPARTMENT OF MEDICAID

DATE: May 16, 2022

TIME: 10:00 AM

Teleconference Phone Number 1-614-721-2972

Teleconference Pin 916211497#

Link to Microsoft Teams Meeting for Hearing [Click here to join the meeting.](#)

Pursuant to Chapter 119. and sections 5167.02, 5164.02 and 5166.02 of the Revised Code, the Director of the Ohio Department of Medicaid (ODM) gives notice of ODM's intent to consider the adoption, amendment, or rescission of the rules identified below and of a public hearing thereon.

As part of its Next Generation of Managed Care, and in partnership with the Governor's Children's Initiative and other child-service state agencies, ODM is designing a reimagined Medicaid system and structure to better serve children and youth who have complex behavioral health and multi-system needs through the Ohio Resilience through Integrated Systems and Excellence (OhioRISE) program.

The OhioRISE Program, operated by ODM, is a managed care prepaid inpatient health plan (PIHP) for children with behavioral health needs who are often served by multiple delivery systems in the state. The rules are a necessary part of the implementation of the OhioRISE Program.

Ohio Administrative Code (OAC) rule 5160-59-01, entitled "OhioRISE: Definitions," sets forth the definitions used throughout Chapter 5160-59 of the Administrative Code regarding the OhioRISE program and a managed care organization. This new rule is being proposed to add new definitions specifically related to the OhioRISE program, along with the definitions that specifically apply to all managed care organizations in rule 5160-26-01 of the Administrative Code.

OAC rule 5160-59-01.1, entitled "OhioRISE: Application of General Managed Care Rules," is a new rule that set forth the provisions of Chapter 5160-26 of the Administrative Code the OhioRISE plan must comply with as a PIHP, and those that do not apply.

OAC rule 5160-59-02, entitled "OhioRISE: Eligibility and Enrollment," sets forth the eligibility criteria for individuals to be enrolled in the OhioRISE program

along with the enrollment and disenrollment process. The new rule will also include the reference to the OAC for hearing rights when an individual disenrolled.

OAC rule 5160-59-02.1, entitled “OhioRISE: First day Eligibility and Enrollment,” is a new rule that sets forth the provisions for enrollment into Ohio resilience through integrated systems and excellence (OhioRISE) on the first day the program is effective. Individuals that do not meet the OhioRISE first day eligibility criteria described in paragraph (B) of the rule will be enrolled in OhioRISE as set forth in rule 5160-59-02 of the Administrative Code.

OAC rule 5160-59-03, entitled “OhioRISE: Covered Services,” sets forth the services which must be covered by the OhioRISE plan and addresses any exclusions or limitations for those services. The new rule includes the different professional and facility types that will provide the services.

OAC rule 5160-59-03.1, entitled “OhioRISE: Utilization Management,” is a new rule that sets forth the requirements of the utilization management program, including structures and processes, the OhioRISE plan will implement to maximize the effectiveness of the care provided to the member.

OAC rule 5160-59-03.2, entitled “OhioRISE: Care Coordination (ICC/ MCC),” sets forth the three tiers of OhioRISE care coordination and how the different tiers are determined for the members of OhioRISE. This new rule also defines the care management entities and their responsibilities over care coordination of an OhioRISE member.

OAC rule 5160-59-03.3, entitled “OhioRISE: Intensive Home-Based Treatment (IHBT),” is a new rule that sets forth the definition of intensive home-based treatment as the service described in OhioMHAS rule 5122-29-28, sets Medicaid policy for coverage, payment and limitations, and sets eligibility criteria for service providers.

OAC rule 5160-59-03.4, entitled “OhioRISE: Behavioral Health Respite Services,” sets forth the restructure of the current 1915(b)(3) respite service covered under OAC rule 5160-26-03 for the purposes of covering behavioral health respite under the OhioRISE program. The behavioral health respite service remains available under the existing 1915(b)(3) authority but is only available to those enrolled on the OhioRISE program. This new rule significantly expands eligible providers of service, eligible members, as well as service location to ensure respite services are accessible to children enrolled on OhioRISE.

OAC rule 5160-59-03.5, entitled “OhioRISE: Primary Flex Funds,” is a new rule that sets forth provisions governing coverage for primary flex funds provided as part of the Ohio resilience through integrated systems and excellence (OhioRISE) program.

OAC rule 5160-59-04, entitled “OhioRISE Home and Community-Based Services Waiver: Eligibility and Enrollment,” sets forth the eligibility criteria for individuals to be enrolled in the OhioRISE 1915(c) home and community-based services waiver program along with the enrollment and disenrollment process. The new rule will also include the reference to the OAC for hearing rights when an individual is denied enrollment to or disenrolled from the waiver.

OAC rule 5160-59-05, entitled “OhioRISE Home and Community-Based Services Waiver: Covered Services and Providers,” sets forth the services available under the OhioRISE home and community-based service waiver in the OhioRISE program. The new rule includes the coordination of participation of providers to be eligible to provide waiver services.

OAC rule 5160-59-05.1, entitled “OhioRISE Home and Community-Based Services Waiver: Out-of-Home Respite,” sets forth the structure of out-of-home respite service covered under the OhioRISE home and community-based service waiver for the purposes of providing short term relief of those persons who normally care for the member. This new rule includes the eligible facility types and providers of the service, limitations around the service and how the child and family-centered care plan needs to be updated and approved, as well as addresses emergency out-of-home respite services for emergency circumstances. References to the OAC rules for adverse benefit decisions is also listed.

OAC rule 5160-59-05.2, entitled “OhioRISE Home and Community-Based Services Waiver: Transitional Services and Supports (TSS),” sets forth the definition of transitional services and supports service covered under the OhioRISE home and community-based service waiver including the eligibility criteria for service providers. This new rule also includes the coverage limitations of the service along with how the child and family-centered care plan will need to be updated and approved for TSS and includes references to the OAC rules for adverse benefit decisions.

OAC rule 5160-59-05.3, entitled “OhioRISE Home and Community-Based Services Waiver: Secondary Flex Funds,” sets forth the definition of secondary flex funds along with the governing coverage for using flex funds provided as part of the OhioRISE home and community-based service waiver. In addition, the new rule also sets the yearly budget available for the flex funds for each OhioRISE member, the limitations on purchases, and the service documentation that will be required for purchases.

OAC rule 5160-27-02, entitled “Coverage and Limitation of Behavioral Health Services,” sets forth the coverage and limitations for behavioral health services. The rule is being amended to update OAC rule references, remove outdated modes of communication and add the child and adolescent needs and strengths (CANS) assessment as a covered service.

OAC rule 5160-27-13, entitled “Mobile Response and Stabilization Service (MRSS),” is a new rule that sets forth the definition of mobile response and stabilization services as the services described in Ohio Mental Health and Addiction Services (MHAS) OAC rule 5122-29-14, and sets Medicaid policy for coverage, payment and limitations, sets eligibility criteria for service providers, and describes the interaction of MRSS with other Medicaid services.

OAC rule 5160-27-05, entitled “Intensive Home-Based Treatment (IHBT),” is being rescinded. The rule is being added to Chapter 59 of the Administrative Code rule, 5160-59-03.3. IHBT services will only be available through the OhioRISE program.

Pursuant to Section three of Sub. H.B. 51 (134th General Assembly), ODM will hold the public hearing for this rule package via teleconference. The phone number, PIN (access code), link for teleconference attendance, and the date and time for this hearing are listed at the top of this Notice. All interested parties are invited to participate in the public hearing. Oral and written testimony will be accepted for this hearing and will be given the same consideration. Those who want to give oral testimony are asked to send an email to Rules@Medicaid.Ohio.gov no later than one hour before the hearing to be added to the witness list. There will be a final call at the end of the hearing for those who wish to offer oral testimony but are not on the witness list.

Written comments submitted via fax, United States Postal Service, and email that are received or postmarked no later than the day of the hearing will be accepted as testimony and become part of the hearing record. All testimony will become public record; therefore, ODM asks that protected health information be excluded unless the information belongs to the person submitting the testimony or to a person for which the submitter is a legal guardian. Written testimony sent via email is highly recommended. All testimony received via email will receive a confirmation of receipt.

A copy of the proposed rules is available, without charge, to any person at the address listed below. The rules are also available on the internet at <http://www.registerofohio.state.oh.us/>. Requests for a copy of the proposed rules or comments on the rules should be submitted by mail to the Ohio Department of Medicaid, Office of Legal Counsel, 50 W. Town Street, Suite 400, Columbus, Ohio 43215-3414, by fax at (614) 995-1301, or by e-mail at Rules@Medicaid.Ohio.gov.

ODM is committed to providing access and inclusion and reasonable accommodation in its services, activities, programs, and employment opportunities in accordance with the Americans with Disabilities Act (ADA), Title VI of the Civil Rights Act, and other applicable laws. To request an interpreter, written information in a language other than English or in other formats (large print, audio, accessible electronic formats, other formats), or a reasonable accommodation due to a disability, please contact ODM’s Civil Rights/ADA Coordinator at 614-995-9981/TTY 711, Fax 1-614-644-1434, or Email: ODM_EEO_EmployeeRelations@medicaid.ohio.gov. Requests should be made **at least three (3) business days prior to the scheduled hearing**. If

you believe ODM has failed to provide these services or discriminated in another way, you can file a grievance with ODM's Civil Rights Coordinator and/or file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. Further information on these processes and ODM's compliance with civil rights and other applicable laws can be found here: [Notice of Nondiscrimination](#).