



## Common Sense Initiative

**Mike DeWine**, Governor  
**Jon Husted**, Lt. Governor

**Sean McCullough**, Director

### MEMORANDUM

**TO:** Tommi Potter, Ohio Department of Medicaid

**FROM:** Jacob Ritzenthaler, Business Advocate

**DATE:** April 6, 2022

**RE:** **CSI Review – OhioRISE (OAC 5160-27-05, 5160-27-13, 5160-59-03, 5160-59-03.1, 5160-59-03.2, 5160-59-03.3, 5160-59-03.4, 5160-59-03.5, 5160-59-05.1, and 5160-59-05.2)**

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On behalf of Lt. Governor Jon Husted, 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 Department as provided for in ORC 107.54.

#### **Analysis**

This rule package consists of nine new rules and one rescinded rule proposed by the Ohio Department of Medicaid (ODM). This rule package was submitted to the CSI Office on March 1, 2022, and the public comment period was held open through March 15, 2022. Unless otherwise noted below, this recommendation reflects the version of the proposed rules filed with the CSI Office on March 1, 2022.

The rules in this package establish the Ohio Resilience through Integrated Systems and Excellence (OhioRISE) Program, which creates a prepaid inpatient health program that seeks to improve individual and population health outcomes for enrolled children. OAC Chapter 5160-59 is an entirely new section that covers the OhioRISE Program. OAC 5160-59-03 sets forth the services covered by the program, including inpatient hospital services, intensive home-based treatment, opioid treatment, behavioral health services, and others. The rule also includes provisions for providing 24/7 access to emergency services, submitting claims, and reimbursement. OAC 5160-59-03.1 concerns the utilization management program to maximize the effectiveness of service provision, which requires

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maintaining written policies for making determinations of medical necessity and criteria, and the procedure for processing initial and continuing authorizations of services. OAC 5160-59-03.2 describes the care coordination tier system to which all children in the program are assigned and describes both moderate and intensive care coordination criteria and activities required of care management entities. OAC 5160-59-03.3, 5160-59-03.4, and 5160-59-03.5 set forth provisions for intensive home-based treatment services, behavioral respite services, and primary flex funds, including service coverage criteria, provider eligibility and limitations. OAC 5160-59-05.1 and 5160-59-05.2 establish requirements for out-of-home respite and transitional services provided under the OhioRISE home and community-based service waiver, including provider eligibility, coverage for services, and limitations. OAC 5160-27-13 concerns mobile response and stabilization services and establishes requirements for service coverage, payment, and limitations. OAC 5160-27-05 currently establishes requirements for intensive home-based treatment services and is proposed for rescission as the requirements are being relocated to OAC 5160-59-03.3

During early stakeholder outreach, ODM reviewed the proposed rules during meetings of the OhioRISE Advisory Council, as well as during workgroup meetings with industry stakeholders. During that time, ODM received over 400 comments from stakeholders and, in response, made amendments that revised intensive home-based treatment service requirements, included additional eligible providers of out-of-home respite services, and clarified potentially confusing service names. ODM received comments from six stakeholder during the CSI public comment period. In response to stakeholder feedback, ODM revised the rules to update the definitions of services and the associated requirements. ODM did not amend the rules based on stakeholder suggestions to broaden the program's scope of service or suggestions that would interfere with the provision of services.

The business community impacted by these rules includes the OhioRISE plan, MCOs that contract with ODM, and behavioral health providers that render services to enrolled individuals. The adverse impacts created by the rules include maintaining internal policies and procedures, submitting documentation to ODM, maintaining records related to service provision, and the cost of certification through the Ohio Department of Mental Health and Addiction Services. The certification fee is determined through the number of services provided, ranging from \$100 to \$200 per service, and is a minimum of \$1,000. ODM states that the adverse impacts created by the rules are necessary to ensure the integrity of the provider community and to protect the health of enrolled individuals.

### **Recommendations**

Based on the information above, the CSI Office has no recommendations on this rule package.

## **Conclusion**

The CSI Office concludes that ODM should proceed in filing the proposed rules with the Joint Committee on Agency Rule Review