

Summary of Changes for OhioRISE Ohio Administrative Code (OAC) Rules

3/1/2022

As part of the rule filing process, the full package of OhioRISE rules, which was formerly reviewed by the public in two smaller packages of rules, is being submitted to the Common Sense Initiative Office (CSIO) and the OAC rules will be posted for public review and comments.

The following summary provides information about each rule in the package and the noteworthy changes that have been made to each rule since it was previously posted for public review and comments. Many of the updates noted below were made in response to stakeholder feedback received during public meetings, written pre-clearance comments, and written clearance comments. A full record of comments and responses to authors can be found on the [OhioRISE website](#) within the “Providers and Community Partners” tile.

| Rule | Subject | Noteworthy Updates |
|--------------|---|--|
| 5160-27-02 | BH Coverage Limitations | N/A |
| 5160-27-13 | ODM Mobile Response and Stabilization Service | N/A |
| 5122-29-14 | OhioMHAS Mobile Response and Stabilization Service | <ul style="list-style-type: none"> • Clarified the circumstances for when MRSS can be provided using telehealth (see paragraph (C)) • Clarified language about a delayed initial mobile response time when requested (see paragraph (D)) • Updated practitioner to Qualified Behavioral Health Specialist (QBHS) (see paragraph (H)(1)(b)(ii)) • Initial fidelity review is due within 12 months from the date of initial certification (see paragraph (J)) |
| 5160-59-01 | OhioRISE: Definitions | <ul style="list-style-type: none"> • Added definition of Back-up Waiver Service Plan • Added definition of Individual Crisis and Safety Plan |
| 5160-59-01.1 | OhioRISE: Application of General Managed Care Rules | N/A |
| 5160-59-02 | OhioRISE: Eligibility and Enrollment | <ul style="list-style-type: none"> • Added exceptions and references to first day eligibility and enrollment rule (5160-59-02.1) • Reformatted and better described the CANS decision support model used to determine eligibility for enrollment into OhioRISE; the decision support model itself was not changed • Updated date of typical (CANS-driven) enrollment to the date of the CANS submission (i.e. created “rolling enrollment”) • Removed crisis enrollment pathway, MRSS-driven enrollment date • Created disenrollment trigger after 180 days with either no CANS assessment or no inpatient hospital (w/psych or SUD diagnosis) / PRTF admission • Removed references to member disenrollment when OhioRISE plan is terminated (formerly section E) |

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| 5160-59-02.1 | OhioRISE: First Day Eligibility and Enrollment | <ul style="list-style-type: none"> Removed of TBS group services (hourly and per-diem) lookback from day one eligibility criteria Clarified language around being a parent in a residential parenting facility |
| 5160-59-03 | OhioRISE: Covered Services | <ul style="list-style-type: none"> Deleted separate reference to MRSS, as it is covered under the set of services described as “behavioral health services provided in accordance with 5160-27 of the administrative Code” Updated name of service for primary flex funds Updated (F)(2)(c)(ii) to account for provider documentation of attempt to contact the OhioRISE plan to request PA |
| 5160-59-03.1 | OhioRISE: Utilization Management | <ul style="list-style-type: none"> At (3)(d) updated OhioRISE plan’s UM program requirement to consider child and family center care plan (not just review) Added MHPAEA adherence requirement |
| 5160-59-03.2 | OhioRISE: Care Coordination | <ul style="list-style-type: none"> Reformatted and better described the CANS decision support model used to recommend ICC and MCC; the decision support models themselves were not changed Added appeal rights for denials of assignment to ICC and MCC Updated CME staff cultural and trauma-informed care competency to within three months of hire (from 12) Added CME requirement to identify and inform OhioRISE plan of unmet needs, assist in developing community resources Added CME requirements associated with the OhioRISE 1915(c) waiver Added requirements for ICC and MCC to include development of a back-up waiver plan Added requirements for ICC and MCC to include transition planning Updated required qualifications for ICC and MCC care coordinator and care coordinator supervisors Added Appendix A describing reimbursement for ICC and MCC |
| 5160-59-03.3 | OhioRISE: Intensive Home-Based Treatment | <p><i>Differences from IHBT rule 5160-27-05, effective 3/1/2022</i></p> <ul style="list-style-type: none"> Moved the rule to the OhioRISE chapter (5160-59) Clarified CANS assessment is separately reimbursable from IHBT Specified MRSS stabilization services are not reimbursable while receiving IHBT Added Appendix A describing reimbursement for IHBT services |
| 5160-59-03.4 | OhioRISE: Behavioral Health Respite Services | <ul style="list-style-type: none"> Added definitions of kin and treatment foster home Updated language describing eligible providers of services to better reflect those organizations and rendering practitioners operating in accordance with 5160-27-01 Added conditions under which foster care settings currently fostering youth may be eligible providers Updated coverage to include youth living in the home of kin and foster homes, including medically fragile and treatment foster homes Updated locations in which service deliver may occur to include the home of kin and treatment foster homes |

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| | | <ul style="list-style-type: none"> • Added limitation related to Title IV-E funding to avoid duplication of payment • Added appeal rights for denials, reductions, terminations, and suspensions of the service • Removed reference to reimbursement rate, as that rate (or rates) will be set by the OhioRISE plan |
| 5160-59-03.5 | OhioRISE: Primary Flex Funds (renamed from wraparound supports) | <ul style="list-style-type: none"> • Split flex funds into two rules – this one for primary flex funds, and a separate rule for the OhioRISE 1915(c) waiver service of secondary flex funds, now described in 5160-59-05.3 • Updated language from “wrap around supports purchased using flex funds” to “flex funds” • Updated definitions and language describing participant direction, participant directed budget • Updated and clarified language to describe the process by which a participant-directed budget for flex funds is recommended on the child and family care plan and is approved as part of that plan by the OhioRISE plan • Outlined requirements for documenting the need for the use of flex funds • Updated requirements for and description of role for the FMS • Added appeal rights for denials, reductions, terminations, and suspensions of the service • Deleted unnecessary payment requirements |
| 5160-59-03.9 | OhioRISE: Reimbursement | <ul style="list-style-type: none"> • Deleted rule, added appendices containing reimbursement policy to appropriate service rules |
| 5160-59-04 | 1915(c) Eligibility and Enrollment | <ul style="list-style-type: none"> • Reformatted and better described the CANS decision support model used in determining inpatient psychiatric services level of care; the decision support model itself was not changed • Added language describing a CANS decision support model for inpatient psychiatric services level of care for birth through age five • Outlined requirements for being at risk for custody relinquishment in terms of documented specific functional impairments and behaviors • Moved continuing waiver eligibility requirements to (B), which now includes participating in development and implementation of care plan and residing in a home and community-based setting • Added language requiring youth enrolled in the OhioRISE 1915(c) waiver to be mandatorily enrolled with a managed care organization • Added language about required waiver disenrollment following more than ninety consecutive days in an institution |
| 5160-59-05 | 1915(c) Covered Services | <ul style="list-style-type: none"> • Added appeal rights for denials, reductions, terminations, and suspensions of the service • Removed therapeutic mentoring service • Updated language from “wrap around supports purchased using flex funds” to “flex funds” |
| 5160-59-05.1 | 1915(c) Out of Home Respite | <ul style="list-style-type: none"> • Added OhioMHAS-licensed Class I facilities as eligible providers |

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| | | <ul style="list-style-type: none"> • Updated and clarified language to describe the process by which out of home respite is recommended on the child and family care plan and is approved as part of that plan by the OhioRISE plan • Added language requiring the care coordinator to track out of home respite utilization within each 365 day period • Added appeal rights for denials, reductions, terminations, and suspensions of the service • Removed reference to reimbursement rate, as that rate (or rates) will be set by the OhioRISE plan |
| 5160-59-05.2 | 1915(c) Transitional Support Services | <ul style="list-style-type: none"> • Updated service definition and components of the TSS service to include intensive in-home respite and skill building that assist with overcoming functional limitations • Updated eligible providers to better describe organizations and rendering practitioners operating in accordance with 5160-27-01 • Updated primary components of the TSS service to include supervision and direct care • Updated and clarified language to describe the process by which TSS and staffing are recommended on the child and family care plan and approved as part of that plan by the OhioRISE plan • Updated language describing transitional changes in circumstances and qualifying conditions • Added appeal rights for denials, reductions, terminations, and suspensions of the service • Removed reference to reimbursement rate, as that rate (or rates) will be set by the OhioRISE plan |
| 5160-59-05.3 | 1915(c) Therapeutic Mentoring Service | <ul style="list-style-type: none"> • Removed service from waiver services packages and deleted rule |
| 5160-59-05.3 (renumbered from 5160-59-05.4) | Secondary Flex Funds (renamed from wraparound supports) | <ul style="list-style-type: none"> • Updated language from “wrap around supports purchased using flex funds” to “flex funds” • Updated definitions and language describing participant direction, participant directed budget • Added language require the participant directed budget for secondary flex funds to be approved by the OhioRISE plan as part of the child and family care plan • Added appeal rights for denials, reductions, terminations, and suspensions of the service |