As Introduced

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Representative Wachtmann

A B I L L

To amend sections 5164.01, 5167.01, and 5167.03 and to enact sections 5164.151, 5167.15, and 5167.151 of the Revised Code regarding Medicaid-covered community behavioral health services.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF OHIO:

Section 1. That sections 5164.01, 5167.01, and 5167.03 be amended and sections 5164.151, 5167.15, and 5167.151 of the Revised Code be enacted to read as follows:

Sec. 5164.01. As used in this chapter:

(A) "Community behavioral health services" means the following:

(1) Community alcohol and drug addiction services provided by community addiction services providers certified by the department of mental health and addiction services under section 5119.36 of the Revised Code;

(2) Community mental health services provided by community mental health services providers certified by the department of mental health and addiction services under section 5119.36 of the Revised Code.

(B) "Early and periodic screening, diagnostic, and treatment

services" has the same meaning as in the "Social Security Act," section 1905(r), 42 U.S.C. 1396d(r).

~~(B)~~(C) "Federal financial participation" has the same meaning as in section 5160.01 of the Revised Code.

~~(C)~~(D) "Healthcheck" means the component of the medicaid program that provides early and periodic screening, diagnostic, and treatment services.

~~(D)~~(E) "Home and community-based services medicaid waiver component" has the same meaning as in section 5166.01 of the Revised Code.

~~(E)~~(F) "Hospital" has the same meaning as in section 3727.01 of the Revised Code.

~~(F)~~(G) "ICDS participant" means a dual eligible individual who participates in the integrated care delivery system.

~~(G)~~(H) "ICF/IID" has the same meaning as in section 5124.01 of the Revised Code.

~~(H)~~(I) "Integrated care delivery system" and "ICDS" mean the demonstration project authorized by section 5164.91 of the Revised Code.

~~(I)~~(J) "Mandatory services" means the health care services and items that must be covered by the medicaid state plan as a condition of the state receiving federal financial participation for the medicaid program.

~~(J)~~(K) "Medicaid managed care organization" has the same meaning as in section 5167.01 of the Revised Code.

~~(K)~~(L) "Medicaid provider" means a person or government entity with a valid provider agreement to provide medicaid services to medicaid recipients. To the extent appropriate in the context, "medicaid provider" includes a person or government entity applying for a provider agreement, a former medicaid

provider, or both.

~~(L)~~(M) "Medicaid services" means either or both of the following:

(1) Mandatory services;

(2) Optional services that the medicaid program covers.

~~(M)~~(N) "Nursing facility" has the same meaning as in section 5165.01 of the Revised Code.

~~(N)~~(O) "Optional services" means the health care services and items that may be covered by the medicaid state plan or a federal medicaid waiver and for which the medicaid program receives federal financial participation.

~~(O)~~(P) "Prescribed drug" has the same meaning as in 42 C.F.R. 440.120.

~~(P)~~(Q) "Provider agreement" means an agreement to which all of the following apply:

(1) It is between a medicaid provider and the department of medicaid;

(2) It provides for the medicaid provider to provide medicaid services to medicaid recipients;

(3) It complies with 42 C.F.R. 431.107(b).

~~(Q)~~(R) "Terminal distributor of dangerous drugs" has the same meaning as in section 4729.01 of the Revised Code.

Sec. 5164.151. The medicaid program shall not limit the number of hours that, or visits at which, medicaid recipients who are eligible for community behavioral heath services covered by the medicaid program may receive the services.

Sec. 5167.01. As used in this chapter:

~~(A) "Controlled~~ "Community behavioral health services" has the same meaning as in section 5164.01 of the Revised Code.

"Controlled substance" has the same meaning as in section 3719.01 of the Revised Code.

~~(B)~~ "Dual eligible individual" has the same meaning as in section 5160.01 of the Revised Code.

~~(C)~~ "Emergency services" has the same meaning as in the "Social Security Act," section 1932(b)(2), 42 U.S.C. 1396u-2(b)(2).

~~(D)~~ "Home and community-based services medicaid waiver component" has the same meaning as in section 5166.01 of the Revised Code.

~~(E)~~ "Medicaid managed care organization" means a managed care organization under contract with the department of medicaid pursuant to section 5167.10 of the Revised Code.

~~(F)~~ "Medicaid waiver component" has the same meaning as in section 5166.01 of the Revised Code.

~~(G)~~ "Nursing facility" has the same meaning as in section 5165.01 of the Revised Code.

~~(H)~~ "Prescribed drug" has the same meaning as in section 5164.01 of the Revised Code.

~~(I)~~ "Provider" means any person or government entity that furnishes services to a medicaid recipient enrolled in a medicaid managed care organization, regardless of whether the person or entity has a provider agreement.

~~(J)~~ "Provider agreement" has the same meaning as in section 5164.01 of the Revised Code.

Sec. 5167.03. (A) As part of the medicaid program, the department of medicaid shall establish a care management system.

(B) The department shall implement the care management system in some or all counties and shall designate the medicaid recipients who are required or permitted to participate in the system. In the department's implementation of the system and designation of participants, ~~all~~ both of the following apply:

(1) In the case of individuals who receive medicaid on the basis of being included in the category identified by the department as covered families and children, the department shall implement the care management system in all counties. All individuals included in the category shall be designated for participation, except for individuals included in one or more of the medicaid recipient groups specified in 42 C.F.R. 438.50(d). The department shall ensure that all participants are enrolled in medicaid managed care organizations that are health insuring corporations.

(2) In the case of individuals who receive medicaid on the basis of being aged, blind, or disabled, the department shall implement the care management system in all counties. Except as provided in division (C) of this section, all individuals included in the category shall be designated for participation. The department shall ensure that all participants are enrolled in medicaid managed care organizations that are health insuring corporations.

~~(3) Alcohol, drug addiction, and mental health services covered by medicaid shall not be included in any component of the care management system when the nonfederal share of the cost of those services is provided by a board of alcohol, drug addiction, and mental health services or a state agency other than the department of medicaid, but the recipients of those services may otherwise be designated for participation in the system.~~

(C)(1) In designating participants who receive medicaid on the basis of being aged, blind, or disabled, the department shall

not include any of the following, except as provided under division (C)(2) of this section:

(a) Individuals who are under twenty-one years of age;

(b) Individuals who are institutionalized;

(c) Individuals who become eligible for medicaid by spending down their income or resources to a level that meets the medicaid program's financial eligibility requirements;

(d) Dual eligible individuals;

(e) Individuals to the extent that they are receiving medicaid services through a medicaid waiver component.

(2) The department may designate any of the following individuals who receive medicaid on the basis of being aged, blind, or disabled as individuals who are permitted or required to participate in the care management system:

(a) Individuals who are under twenty-one years of age;

(b) Individuals who reside in a nursing facility;

(c) Individuals who, as an alternative to receiving nursing facility services, are participating in a home and community-based services medicaid waiver component;

(d) Dual eligible individuals.

(D) Subject to division (B) of this section, the department may do both of the following under the care management system:

(1) Require or permit participants in the system to obtain health care services from providers designated by the department;

(2) Require or permit participants in the system to obtain health care services through medicaid managed care organizations.

Sec. 5167.15. When contracting under section 5167.10 of the Revised Code with a managed care organization that is a health

insuring corporation, the department of medicaid may authorize the health insuring corporation to provide coverage of the following community behavioral health services for medicaid recipients enrolled in the health insuring corporation:

(A) Ambulatory detoxification;

(B) Community psychiatric supportive treatment;

(C) Diagnostic assessment;

(D) Health home comprehensive care coordination;

(E) Individual and group counseling;

(F) Inpatient psychiatric care in freestanding psychiatric hospitals;

(G) Intensive outpatient treatment for alcohol and drug addiction;

(H) Methadone administration;

(I) Partial hospitalization;

(J) Pharmacological management.

Sec. 5167.151. A medicaid managed care organization that provides coverage of community behavioral health services under section 5167.15 of the Revised Code shall not establish any limits on the number of hours that, or visits at which, medicaid recipients who are eligible for the services may receive the services.

Section 2. That existing sections 5164.01, 5167.01, and 5167.03 of the Revised Code are hereby repealed.