



Ohio Legislative Service Commission

Bill Analysis

Bob Bennett

H.B. 316

130th General Assembly
(As Introduced)

Rep. Wachtmann

BILL SUMMARY

- Prohibits the Medicaid program from limiting the number of hours that, or visits at which, eligible Medicaid recipients may receive community behavioral health services.
- Eliminates a provision prohibiting the Medicaid care management system from including alcohol, drug addiction, and mental health services for which a board of alcohol, drug addiction, and mental health services or a state agency other than the Department of Medicaid pays the nonfederal share of the costs.
- Permits the Department to authorize a Medicaid managed care organization (MMCO) that is a health insuring corporation to provide coverage of certain community behavioral health services for Medicaid recipients enrolled in the MMCO.
- Prohibits an MMCO that provides coverage of such community behavioral health services from establishing any limits on the number of hours that, or visits at which, eligible Medicaid recipients may receive the services.

CONTENT AND OPERATION

Community behavioral health services under fee for service

The bill prohibits the Medicaid program from limiting the number of hours that, or visits at which, Medicaid recipients who are eligible for community behavioral health services covered by the Medicaid program may receive the services. "Community behavioral health services" is defined as community alcohol and drug addiction services and community mental health services provided by community addiction services

providers and community mental health services providers certified by the Department of Mental Health and Addiction Services.¹

Community behavioral health services under Medicaid care management

Continuing law requires the Department of Medicaid to establish a care management system as part of the Medicaid program. Current law prohibits the system from including alcohol, drug addiction, and mental health services for which a board of alcohol, drug addiction, and mental health services or a state agency other than the Department provides the nonfederal share of the costs. The recipients of the services, however, may be designated for participation in the system for other Medicaid services.²

The bill eliminates the prohibition discussed above and permits the Department, when contracting with a Medicaid managed care organization (MMCO) that is a health insuring corporation, to authorize the MMCO to provide coverage of the following community behavioral health services for Medicaid recipients enrolled in the MMCO:

- (1) Ambulatory detoxification;
- (2) Community psychiatric supportive treatment;
- (3) Diagnostic assessment;
- (4) Health home comprehensive care coordination;
- (5) Individual and group counseling;
- (6) Inpatient psychiatric care in freestanding psychiatric hospitals;
- (7) Intensive outpatient treatment for alcohol and drug addiction;
- (8) Methadone administration;
- (9) Partial hospitalization;
- (10) Pharmacological management.³

¹ R.C. 5164.151 (primary) and 5164.01.

² R.C. 5167.03.

³ R.C. 5167.15 (primary), 5167.01, and 5167.03.



An MMCO that provides coverage of these community behavioral health services to Medicaid recipients enrolled in the MMCO is prohibited by the bill from establishing any limits on the number of hours that, or visits at which, Medicaid recipients who are eligible for the services may receive the services.⁴

HISTORY

ACTION	DATE
Introduced	10-24-13

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⁴ R.C. 5167.151.

