The Ohio Council
Of Behavioral Health & Family Services Providers

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ODM CSI MRSS Rule Comments
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Thank you for the opportunity to provide comments and feedback on the OAC Rules 5160-27-13 to implement new coverage and reimbursement methods for Mobile Response and Stabilization Services (MRSS). We appreciate the collaborative efforts to build this important, crisis service needed by youth with urgent behavioral health needs and challenges. We recognize the revisions made to the initial proposed rule package following the previous comment period.

Below are our specific comments on the OAC 5160-27-13.

1. (D)(4)(a) includes a limitation that intensive home-based treatment (IHBT) is not covered as MRSS drawing into question whether MRSS may be provided when a young person is receiving IHBT. However, the OhioMHAS released proposed revisions for OAC 5122-29-14 to support the statewide expansion of MRSS in (M)(1)(c) proposed screening/triage and the initial mobile response may be provided to youth and families receiving IHBT and that once the family is stabilized, the family is re-connected with an existing IHBT service.

   Recommendation: Clarify in (D)(4)(a) that youth and families may receive MRSS screening/triage and the initial mobile response while also receiving IHBT services consistent with OAC 5122-29-14.

2. (D)(4)(b), (d) and (e) limits individuals in SUD residential treatment, hospital (inpatient and outpatient), and PRTF settings from receiving MRSS except to support admission. The MRSS Stabilization services allow services to be provided to patients for up to six weeks, whereas hospital (inpatient or outpatient), PRTF or SUD residential stays tend to be shorter in duration. MRSS Stabilization services can support discharge planning, specifically with preparing caregivers and the young person for transitioning from a structured inpatient, PRTF or SUD residential stay back to a home setting with more triggers and less predictability, where there is also less immediate support and treatment incorporated into daily living. This is particularly true for youth and families that may not be connected to existing treatment providers. Further, we do not understand why MRSS would not be permitted for individuals receiving hospital outpatient services such as individual or group counseling or physician services while also receiving MRSS.

   Recommendation: Revise the language in the (D)(4)(b), (d) and (e) to include an exceptions to support discharge planning

   Additionally, in (D)(4)(d), we recommend removing limits on hospital outpatient behavioral health care as this would be consistent with access to general counseling and treatment services as otherwise provided under the community behavioral health benefit.

3. The RFP for regional MRSS services stated that ODM would amend OAC rule 5160-27-13~~,~~ to align with an independent rate model methodology outlined in the RFP for Medicaid payments. The previous version of the amended rule included Appendix A for informational purposes that discussed and described the reimbursement methodology. In our previous comments on this rule, we recommended modification to Appendix A. Appendix A, while intended for illustration purposes, did not incorporate the staffing models permitted under 5122-29-14 (M)(2) as proposed by OhioMHAS but rather almost exclusively describes teams operating under (M)(2)(b)(iii) and may be further interpreted as delivery of mobile response and not stabilization services. However, ODM's most recent rule proposal does not address funding responsibilities outside the fee-for-service (FFS) model and instead refers to the appendix of rule 5160-27-03.

   The appendix illustrates that Medicaid financing for MRSS currently flows through managed care plans, the OhioRISE plan, or fee-for-service funding, with state-only grants reimbursing providers for services to non-Medicaid individuals since 2022. Under the proposed independent rate methodology, which incorporates a firehouse funding model, Medicaid and non-Medicaid funds will be pooled into a single payment distributed monthly to selected providers based on finalized rates, irrespective of service utilization. Going forward, it is our understanding that only selected providers awarded through the RFP process will be eligible for reimbursement for MRSS for both Medicaid and non-Medicaid funded services, and that payment will flow through Aetna OhioRISE, who was selected and contracted through OhioMHAS as the fiscal intermediary for MRSS.

   Recommendation: Clarification of reimbursement including reliance on an independent rate methodology using a firehouse model for selected provider will be incorporated in rule and who, if anyone, will be eligible to receive reimbursement referenced in appendix to rule 5160-27-03.

Thank you for the opportunity to share these comments. We look forward to continuing our collaboration to create a regulatory environment that will support statewide expansion of MRSS in Ohio. If you would like to discuss our comments further, please do not hesitate to contact me at lampl@theohiocouncil.org.