

Ohio Legislative Service Commission

Bill Analysis

Matthew Magner

S.B. 9 131st General Assembly (As Introduced)

Sens. Jones, Lehner, Manning, Beagle

BILL SUMMARY

- Requires Medicaid to cover services provided by a certified community health worker to a Medicaid recipient who is pregnant or capable of becoming pregnant.
- Requires Medicaid to cover home visits and cognitive behavioral therapy services provided to a Medicaid recipient enrolled in the Help Me Grow program who is pregnant or the birth mother of a child under age three.
- Makes explicit that the above services are to be provided to Medicaid recipients enrolled in Medicaid managed care, as well as to recipients not enrolled in managed care.
- Requires the Director of Health to prepare an annual report on state efforts to reduce infant mortality and negative birth outcomes or disparities among women who belong to a racial or ethnic minority and are pregnant or capable of becoming pregnant and requires government agencies identified by the Director to provide data for the report.

CONTENT AND OPERATION

Medicaid coverage of services

Services provided by a certified community health worker

The bill requires the Medicaid program to cover services provided by a community health worker certified by the Board of Nursing to a Medicaid recipient who is pregnant or capable of becoming pregnant and was recommended to receive the services by a physician or another licensed health professional specified by the Medicaid Director. The services covered under the bill are (1) community health worker

services and (2) other services performed to ensure that the Medicaid recipient is linked to employment services, housing, educational services, social services, or medically necessary physician and behavioral health services.¹ "Community health worker services" includes assisting in accessing community health and supportive resources through the provision of such services as education, role modeling, outreach, home visits, and referrals.²

The bill specifies that to be covered by Medicaid the services must promote and facilitate healthy behaviors across the preconception, prenatal, postpartum, and interconception (between pregnancies) stages of life. These behaviors are to be established in rules adopted by the Director of Health. In determining the healthy behaviors, the Director must consult with members of the Ohio Perinatal Quality Collaborative and may consult with other health care organizations. The rules must be adopted in accordance with Revised Code Chapter 119. (Ohio's Administrative Procedure Act).³

The bill limits to the following those who may enter into a provider agreement with the Department of Medicaid to provide the covered services: certified community health workers; patient centered medical homes that employ or contract with certified community health workers; and community hubs that employ or contract with certified community health workers. The bill defines "community hub" as a community-based agency that uses the Pathways Community HUB model to coordinate two or more care coordination agencies and to assure that the agencies utilize pathways to connect at-risk individuals to physical health, behavioral health, social, and employment services.⁴ The Pathways Community HUB model was developed by the Community Health Access Project to ensure that at-risk individuals are served in a timely, coordinated manner.⁵

Home visits and cognitive behavioral therapy

The bill requires the Medicaid program to cover certain home visits, including depression screenings, and cognitive behavioral therapy services provided to a Medicaid recipient enrolled in the Help Me Grow program who is either pregnant or

¹ R.C. 5164.01 and 5164.10.

² R.C. 3701.61, not in the bill.

³ R.C. 3701.142.

⁴ R.C. 5164.01.

⁵ Community Care Coordination Learning Network. *Connecting Those at Risk to Care*, 1 (2010) available at http://chap-ohio.net/press/wp-content/uploads/2010/09/CommunityHUBManual3.pdf.

the birth mother of a child under age three.⁶ Help Me Grow is a program established by the Department of Health to encourage early prenatal and well-baby care, provide parenting education to promote the comprehensive health and development of children, and provide early intervention services for individuals with disabilities.⁷

Medicaid is to cover only home visits for which federal financial participation is available under the federal Targeted Case Management Benefit. ("Federal financial participation" is that portion of the cost of a Medicaid service that is paid for from federal funds.) Cognitive behavioral therapy is to be covered if it is determined to be medically necessary through a depression screening conducted as part of a home visit.

If requested, a Medicaid recipient who is eligible for the cognitive behavioral therapy is entitled to have that therapy provided at her home. The bill requires the Department of Medicaid to inform the recipient of the right to make such a request and how to make it.

Medicaid managed care organizations

Some Medicaid recipients are enrolled in Medicaid managed care while others receive services outside of managed care programs. The bill makes it explicit that Medicaid managed care organizations must provide, or arrange for the provision of, home visits, cognitive behavioral therapy, and certified community health worker services for Medicaid recipients who are enrolled in managed care and would receive those services if not enrolled. The bill further specifies that any provider who is qualified to enter into a provider agreement to provide the services covered by the bill may contract with a Medicaid managed care organization to provide the services for Medicaid recipients enrolled in the organization.⁸

State report

The bill requires the Director of Health to prepare an annual report on government programs that have goals of reducing infant mortality and negative birth outcomes or disparities among women who are pregnant or capable of becoming pregnant and belong to a racial or ethnic minority. The report is to include data regarding the progress being made toward achieving program goals.⁹

⁶ R.C. 5164.01 and 5164.11.

⁷ R.C. 3701.61, not in bill.

⁸ R.C. 5164.15.

⁹ R.C. 3701.95.

The Director is required to identify each government program (other than Help Me Grow) that provides public benefits and has the goal of reducing infant mortality and negative birth outcomes or disparities among women who are pregnant or capable of becoming pregnant and belong to a racial or ethnic minority. The Director is to identify only those programs that provide education, training, and support services to program participants in their homes. The Director may consult with the Ohio Partnership to Build Stronger Families to assist in identifying the programs.

For each program identified by the Director, the bill requires the program's administrator to report to the Director data on performance indicators that assess the program's progress toward achieving its goals. The specific performance indicators that must be reported by the programs are to be established by the Director in rules. The bill specifies that the performance indicators must, to the extent possible, be consistent with federal reporting requirements for federally funded home visiting services. The Director must also adopt rules establishing the format and time frame in which the administrators are to report the data to the Director. The rules are to be adopted in accordance with Revised Code Chapter 119.

HISTORY

ACTION DATE

Introduced 02-02-15

S0009-I-131.docx/emr

¹⁰ R.C. 3701.95.