



OHIO DEPARTMENT OF MEDICAID

To: ALL CLEARANCE REVIEWERS
From: Office of Health Innovation & Quality
Date: June 28th, 2022
Subject: Updates to Coordinated Services Program

Attached for your review and comment is proposed Ohio Administrative Code (OAC) rule 5160-20-01 governing the Ohio Department of Medicaid (ODM) Coordinated Services Program (CSP).

Ohio Administrative Code (OAC) Rule 5160-20-01, entitled “Coordinated services program” sets forth requirements for the Coordinated Services Program (CSP). CSP requires a Medicaid recipient to obtain services from an assigned provider when an individual’s utilization demonstrates a pattern of receiving services at a high frequency as determined by ODM or its designee. This can be an important tool to fighting the opioid crisis in Ohio. Changes to the rule and associated appendix include:

- In paragraph (A)(8), updated Ohio Administrative Code (OAC) citations to include Ohio resilience through integrated and excellence (OhioRise);
- In paragraphs (D)(4) (D)(5) (D)(6), added additional enrollment criteria;
- In paragraph (D)(7), added additional exclusions for enrollment in the CSP;
- In paragraphs (F)(2) (c) and (d) added additional provisions for to include that ODM or its designee could make immediate changes to an individual’s assigned pharmacy;
- ODM form references have been updated to reflect a 10/2022 effective date;
- In the appendix, clarified that if an individual has a history of addiction or drug dependence with abuse potential drugs that the individual was diagnosed or treated for addiction and the individual received any combination of any OARRS reportable drugs or any muscle relaxants; and
- In the appendix, amended language to include if an individual utilizes three or more pharmacies to fill abuse potential drugs (previously it was four or more pharmacies).

Thank you in advance for your comments.

Attachments

5160-20-01

Coordinated services program.

(A) Definitions.

- (1) "Abuse potential drug" as used in the appendix to this rule, means any drug that contains substances which have a potential for abuse because of depressant or stimulant effects on the central nervous system or hallucinogenic effects. Abuse potential drugs include any drug that is reportable to Ohio automated RX reporting system (OARRS) as described in rules 4729:8-2-01 and 4729:8-2-02 of the Administrative Code, in addition to non-controlled drugs including muscle relaxants.
- (2) "Assigned provider" means a hospital, health care facility, physician, dentist, pharmacy, or otherwise licensed or certified single provider or provider entity that is authorized to and is not excluded from receiving reimbursement for health care services rendered to an individual. The assigned provider is selected in accordance with paragraph (F) of this rule to serve as the primary provider of non-emergency services for an individual enrolled in the coordinated services program (CSP).
- (3) "Coordinated services program" (CSP) means a program that requires an individual to obtain services related to the reason for enrollment from an assigned provider. An individual enrolled in CSP is eligible for all medically necessary services covered by medicaid.
- (4) "Fraud" for the purpose of this rule, includes but is not limited to, forged prescriptions, possession and use of multiple medicaid cards, card loaning, and sharing of drugs or other supplies obtained through medicaid.
- (5) "Individual" is defined in rule 5160:1-1-01 of the Administrative Code.
- (6) "Managed care organization" (MCO) is defined in rule 5160-26-01 of the Administrative Code.
- (7) "Medication Assisted Treatment" (MAT) is defined in rule 5160-1-73 of the Administrative Code.
- (8) ["Ohio resilience through integrated systems and excellence \(OhioRISE\)" is defined in rule 5160-59-01 of the Administrative Code.](#)

- (B) CSP provides continuity of medical care and helps to ensure the health and safety of individuals by avoiding duplication of services, inappropriate or unnecessary utilization of medical services, fraud and excessive use of prescribed drugs.

(C) An individual enrolled in CSP must obtain medically necessary medicaid covered services of the type related to the reason for enrollment from an assigned provider.

(D) CSP enrollment criteria.

(1) The enrollment criteria found in the appendix to this rule are based upon ninety days of utilization data within the past twelve months. An individual who meets three or more of the criteria in the appendix to this rule shall be enrolled in CSP; or

(2) An individual shall be enrolled in CSP when a review of his or her utilization demonstrates a pattern of receiving services at a high frequency as determined by the Ohio department of medicaid or its designee (hereafter referred to as ODM).

(3) ODM may, at its discretion, choose to apply additional criteria to identify individuals for CSP enrollment when utilization of services appears to exceed, or appears not to follow, nationally recognized treatment standards.

(4) An individual may be enrolled in CSP upon external referral from the individual's prescriber that will be reviewed by ODM or its designee on a case by case basis.

(5) An individual may be enrolled in CSP upon external referral from ODM's Program Integrity Unit/Bureau that will be reviewed by ODM or its designee on a case by case basis.

(6) An individual will be enrolled in CSP upon self-referral.

~~(4)~~(7) An individual may be excluded from CSP enrollment when he or she:

(a) Has a current diagnosis of cancer and is actively receiving chemotherapy or radiation treatment;

(b) Resides in a ~~long-term care facility~~ nursing facility (NF) as described in section 5165.01 of the Revised Code, or an intermediate care facility for individuals with intellectual disabilities (ICF-IID) as described in section 5124.01 of the Revised Code;

(c) Is enrolled in the assisted living home and community based services (HCBS) waiver program as described in Chapter 5160-33 of the Administrative Code;

~~(e)~~(d) Receives hospice services; ~~or~~

~~(d)~~(e) Is enrolled in both the medicaid and medicare programs; or

(f) Is enrolled in the fee-for-service program and, at the sole discretion of ODM's clinical staff, it is determined that it would not be appropriate to enroll the individual in CSP.

(E) Initial enrollment, continued enrollment and disenrollment procedures.

(1) Initial enrollment.

(a) An individual proposed for enrollment in CSP will receive the "Notice of Proposed Enrollment in the Coordinated Services Program (CSP)" (ODM 01717, ~~1/2019~~ 10/2022), including the effective date of enrollment, from ODM in accordance with division 5101:6 of the Administrative Code.

(b) Initial CSP enrollment will be for twenty-four months from the effective date of enrollment.

(c) If an individual enrolled in CSP becomes ineligible for medicaid, then resumes eligibility for medicaid within the initial enrollment period, the individual will be reinstated into CSP until the initial enrollment period is exhausted.

(2) Continued enrollment.

(a) If after the initial enrollment period, ODM determines an individual's service utilization continues to support the reasons for enrollment described in paragraph (D) of this rule, the individual will continue to be enrolled in CSP for ~~up to~~ an additional twenty-four months.

(b) ODM will notify the individual of the continued enrollment by issuing the "Notice of Continued Enrollment in the Coordinated Services Program (CSP)" (ODM 01705, ~~1/2019~~ 10/2022) in accordance with division 5101:6 of the Administrative Code.

(c) If an individual enrolled in CSP becomes ineligible for medicaid, then resumes eligibility for medicaid within a continued enrollment period, the individual will be reinstated into CSP until the continued enrollment

period is exhausted.

(3) Disenrollment. If an individual enrolled in CSP meets any of the criteria described in paragraph (D)(7) of this rule, the individual will be disenrolled from CSP. If the individual no longer meets any of the criteria in paragraph (D) (7) of this rule, ODM will reinstate the individual into CSP.

~~(a) If ODM determines an individual's service utilization no longer supports the reasons for enrollment described in paragraph (D) of this rule, the individual may be disenrolled.~~

~~(b) If an individual enrolled in CSP meets any of the criteria described in paragraph (D)(4) of this rule, the individual will be disenrolled from CSP. If the individual is subsequently discharged from the long-term care facility, hospice program or no longer receives treatment for a cancer diagnosis during the CSP enrollment period, ODM may reinstate the individual into CSP.~~

(F) Initial assignment or changing an assigned provider.

(1) Initial provider assignment.

(a) An individual enrolled in CSP may request an assigned provider within thirty days of the mailing date on the initial enrollment notification. If approved by ODM, this provider will serve as the individual's assigned provider. The assigned provider must be contracted with ODM, unless otherwise permitted by ODM.

(b) ODM will select an assigned provider for the individual for any of the following reasons:

(i) The individual does not select an assigned provider within thirty days of the mailing date on the initial enrollment notification;

(ii) The individual's selected assigned provider is denied by ODM; or

(iii) The selected assigned provider is unwilling or unable to accept the individual.

(2) Changing an assigned provider.

- (a) An individual may request to change, or ODM may require an alternative selection of an assigned provider under the following circumstances:
- (i) The assigned provider's office is no longer accessible to the individual for any of the following reasons:
 - (a) The assigned provider's office has relocated or closed;
 - (b) The individual has moved or is unable to travel to the provider;
 - (c) The assigned provider is no longer an eligible provider;
 - (d) The assigned provider chooses not to provide services to the individual; or
 - (e) The individual transfers from the fee-for-service program to an ~~MCP~~MCO, from an ~~MCP~~ MCO to the fee-for-service program or from one ~~MCP~~ MCO to another.
 - (ii) The medical needs of the individual require assignment of a provider with a different specialty.
- (b) If the department denies the individual's request to change the assigned provider, the department shall notify the individual by issuing the "Notice of Denial of Assigned Provider or Pharmacy in the Coordinated Services Program (CSP)" (ODM 01718, ~~4/2019~~ 10/2022) in accordance with division 5101:6 of the Administrative Code.
- (c) ODM or its designee will immediately change an individual's assigned pharmacy following a request from an individual or a representative from the treatment facility who has permission from the individual who is receiving inpatient treatment for addiction.
- (d) ODM or its designee will immediately change an individual's assigned pharmacy following discharge from an inpatient treatment program for addiction, upon request.

Coordinated Services Program (CSP) Enrollment Criteria

When three or more criteria are met the individual is enrolled in CSP.

Enrollment Criteria	Detailed Description
Individual received four or more abuse potential drugs.	During a 90-day period within the last 12 months, an individual received four or more of any combination of any OARRS reportable drugs or any muscle relaxants.
Individual has a history of addiction or drug dependence with abuse potential drugs.	The individual was diagnosed with or treated for addiction within 365 days, and during a 90-day period within the last 12 months, <u>and</u> the individual received any combination of any OARRS reportable drugs or any muscle relaxants. National diagnosis codes are used to identify addiction and drug dependence.
Individual obtained prescriptions for abuse potential drugs from four or more prescribers.	During a 90-day period within the last 12 months, an individual obtained prescribed drugs from four or more prescribers for any combination of any OARRS reportable drugs or any muscle relaxants. Affiliated prescribers with a shared business structure such as those at an RHC, FQHC, and group practices are considered a single prescriber for the purposes of this Appendix. Prescriber identification numbers are used for the determination of multiple prescriber use.
Individual has a poisoning overdose with a benzodiazepine, prescription opioid, or abuse potential drug.	An individual was diagnosed or treated for poisoning overdose within 365 days, and during a 90-day period within the last 12 months, the individual received of any combination of any OARRS reportable drugs or any muscle relaxants. National diagnosis codes are used to identify poisoning and/or overdose.
Individual utilized three <u>four</u> or more pharmacies.	During a 90-day period within the last 12 months, an individual utilized three <u>four</u> or more Pharmacies <u>to fill abuse potential drugs as</u> determined by national provider identification (NPI) number .
Individual received one narcotic analgesic one benzodiazepine and one muscle relaxant.	During a 90-day period within the last 12 months, an individual concurrently received all of the following: <ul style="list-style-type: none"> • Any benzodiazepine • Any muscle relaxant • Any opioid
Individual received Medication Assisted Treatment	During a 90-day period within the last 12 months, an individual received Medication Assisted Treatment concurrently with an opioid.

NOTICE OF CONTINUED ENROLLMENT IN THE COORDINATED SERVICES PROGRAM (CSP)

Member Name			Case Name	
Address			Case Number	Medicaid Billing ID Number
City	State	Zip Code	County	Mail Date

The Ohio Department of Medicaid (ODM) or _____ your managed care organization (MCO) is continuing your enrollment in the Coordinated Services Program (CSP) for an additional 24 months. This means you will receive certain medical services through: a pharmacy and/or assigned provider. The reason for this action is ODM or your MCO continues to identify you as meeting CSP enrollment criteria. The rule supporting this action is Ohio Administrative Code rule 5160-20-01.

If you do not understand this notice, call the phone number on your Medicaid card or on your managed care card for more information. It is possible we may change our decision or that you may decide to agree with it.

IF YOU DISAGREE WITH THIS DECISION, YOU MAY REQUEST A STATE HEARING.

You can ask for a State Hearing if you disagree with this action or think being re-enrolled into the CSP is a mistake.

If you want a hearing, State Hearings must receive your request within 90 days after the mail date above. If the 90th day falls on a holiday or weekend, the deadline will be the next work day.

If you need legal help with your hearing, you can contact your local bar association. If you want information on free legal help, you can contact your local legal aid office, or call Ohio Legal Services toll free at 1-866-529-6446 (1-866- LAW-OHIO). If someone is helping you with your case, State Hearings will need a signed "authorized representative" notice from you saying it is okay for that person to represent you for the hearing process.

Step 1: Read, sign, date, and fill in your telephone number. Use the checkbox below if you need an interpreter. Another person may sign this for you, if they send us your signed "authorized representative" notice along with this state hearing request.

Signature	Date	Telephone Number
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I need an interpreter at my state hearing.

Step 2: State Hearings must receive your request 90 days from the date this notice was mailed to you. You must choose one of the following ways to send this state hearing request to us. You should keep proof of when and how you sent this hearing request to us. **Please only submit your hearing request one time.**

- **Email** - Email State Hearings at bsh@jfs.ohio.gov. In the subject, put "State Hearing Request". In the message, put all of the information from the boxes at the top of this page and also put "CSP hearing request"; or
- **Website** - <https://hearings.jfs.ohio.gov/SHARE>
- **Phone** - Phone the Consumer Access Line at 866-635-3748. Follow the instructions for State Hearings. Mention this notice; or
- **Fax** - Fax this page to State Hearings at (614) 728-9574; or
- **Mail** - Mail this page to State Hearings, P.O. Box 182825, Columbus, Ohio 43218-2825; or
- **Contact your caseworker** - It is better to send this request using one of the other methods above. You may give this page (*completed and signed*) to your caseworker or, you may phone your caseworker; mention this notice.

On the Day of the State Hearing: You or someone else helping you with your case can explain the reason(s) why you don't think the decision is right. ODM will explain its reasons. Then, a State Hearings officer will make a decision after the hearing.

NOTICE OF PROPOSED ENROLLMENT IN THE COORDINATED SERVICES PROGRAM (CSP)

Member Name			Case Name	
Address			Case Number	Medicaid Billing ID Number
City	State	Zip Code	County	Mail Date

The Ohio Department of Medicaid (ODM) or _____ your managed care organization (MCO) is proposing your enrollment into the Coordinated Services Program (CSP) for 24 months. This means you will receive certain medical services through assigned providers. The reason for this action is ODM or your MCO identified you as meeting CSP criteria. The rule supporting this action is Ohio Administrative Code rule 5160-20-01.

You have 30 days from the mail date above to choose: a pharmacy and/or a provider through which to receive your medical services. If you don't choose a pharmacy and/or provider, ODM or the MCO will pick one for you. To choose your provider, or if you do not understand this notice, call the phone number on your Medicaid card or on your managed care card for more information. It is possible we may change our decision or that you may decide to agree with it.

IF YOU DISAGREE WITH THIS DECISION, YOU MAY REQUEST A STATE HEARING.

You can ask for a State Hearing if you disagree with this action or think being enrolled in the CSP is a mistake. If you ask for a hearing within 15 days of the mail date above, neither ODM nor the MCO will enroll you into the CSP until the hearing decision is decided.

If you want a hearing, State Hearings must receive your request within 90 days after the mail date above. If the 90th day falls on a holiday or weekend, the deadline will be the next work day. If you need legal help with your hearing, you can contact your local bar association. If you want information on free legal help, you can contact your local legal aid office, or call Ohio Legal Services toll free at 1-866-529-6446 (1-866-LAW-OHIO). If someone is helping you with your case, State Hearings will need a signed "authorized representative" notice from you saying it is okay for that person to represent you for the hearing process.

If you need legal help with your hearing, you can contact your local bar association. If you want information on free legal help, you can contact your local legal aid office, or call Ohio Legal Services toll free at 1-866-529-6446 (1-866-LAW-OHIO). If someone is helping you with your case, the Bureau of State Hearings will need a signed "authorized representative" notice from you saying it's okay for that person to represent you for the hearing process.

Step 1: Read, sign, date, and fill in your telephone number. Use the checkbox below if you need an interpreter. Another person may sign this for you, if they send us your signed "authorized representative" notice along with this state hearing request.

Signature	Date	Telephone Number
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I need an interpreter at my state hearing.

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- **Email** - Email State Hearings at bsh@jfs.ohio.gov. In the subject, put "State Hearing Request". In the message, put all of the information from the boxes at the top of this page and "CSP hearing request"; or
- **Website**- <https://hearings.jfs.ohio.gov/SHARE>
- **Phone** - Phone the Consumer Access Line at 866-635-3748. Follow the instructions for State Hearings. Mention this notice; or
- **Fax** - Fax this page to State Hearings at (614) 728-9574; or
- **Mail** - Mail this page to State Hearings, P.O. Box 182825, Columbus, Ohio 43218-2825; or
- **Contact your caseworker** - It is better to send this request using one of the other methods above. You may give this page (*completed and signed*) to your caseworker or, you may phone your caseworker; mention this notice.

On the Day of the State Hearing: You or someone else helping you with your case, can explain the reason(s) why you don't think the decision is right. ODM or the MCO will explain its reasons. Then a State Hearings officer will make a decision after the hearing.

NOTICE OF DENIAL OF ASSIGNED PROVIDER OR PHARMACY IN THE COORDINATED SERVICES PROGRAM (CSP)

Member Name			Case Name	
Address			Case Number	Medicaid Billing ID Number
City	State	Zip Code	County	Mail Date

The Ohio Department of Medicaid (ODM) or _____ your managed care organization denied the request for your provider _____.

The reason for this denial is:

The rule supporting this action is the Ohio Administrative Code rule 5160-20-01. If you do not understand this notice, call the phone number on your Medicaid card or on your managed care card for more information. It is possible we may change our decision or that you may decide to agree with it.

IF YOU DISAGREE WITH THIS DECISION, YOU MAY REQUEST A STATE HEARING.

You can ask for a State Hearing if you disagree with this action or think being denied your choice of provider for CSP is a mistake.

If you want a hearing, State Hearings must receive your request within 90 days after the mail date above. If the 90th day falls on a holiday or weekend, the deadline will be the next work day.

If you need legal help with your hearing, you can contact your local bar association. If you want information on free legal help, you can contact your local legal aid office, or call Ohio Legal Services toll free at 1-866-529-6446 (1-866-LAW-OHIO). If someone is helping you with your case, State Hearings will need a signed "authorized representative" notice from you saying it is okay for that person to represent you for the hearing process.

Step 1: Read, sign, date, and fill in your telephone number. Use the checkbox below if you need an interpreter. Another person may sign this for you, if they send the Bureau of State Hearings your signed "authorized representative" notice along with this state hearing request.

Signature	Date	Telephone Number
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I need an interpreter at my state hearing.

Step 2: State Hearings must receive your request 90 days from the date this notice was mailed to you. You must choose one of the following ways to send this state hearing request to us. You should keep proof of when and how you sent this hearing request to us. **Please only submit your hearing request one time.**

- **Email** - Email State Hearings at bsh@jfs.ohio.gov. In the subject, put "State Hearing Request". In the message, put all of the information from the boxes at the top of this page and "CSP hearing request"; or
- **Website** - <https://hearings.jfs.ohio.gov/SHARE>
- **Phone** - Phone the Consumer Access Line at 866-635-3748. Follow the instructions for State Hearings. Mention this notice; or
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- **Contact your caseworker** - It is better to send this request using one of the other methods above. You may give this page (completed and signed) to your caseworker or, you may phone your caseworker; mention this notice.

On the Day of the State Hearing: You or someone else helping you with your case can explain the reason(s) why you don't think the decision is right. ODM will explain its reasons. Then, a State Hearings officer will make a decision after the hearing.