

AUTHENTICATED, OHIO LEGISLATIVE SERVICE COMMISSION DOCUMENT #298535

## Ohio Administrative Code Rule 5160-59-01 OhioRISE: definitions. Effective: July 1, 2022

(A) The definitions set forth in rule 5160-26-01 of the Administrative Code, with the exceptions noted in paragraphs (A)(1) and (A)(2) of this rule, apply to the Ohio resilience through integrated systems and excellence (OhioRISE) rules set forth in Chapter 5160-59 of the Administrative Code. Definitions that reference managed care organizations (MCOs) in Chapter 5160-26 of the Administrative Code apply to the OhioRISE plan.

(1) Definitions that reference rule 5160-26-03 of the Administrative Code are replaced by reference to rule 5160-59-03 of the Administrative Code.

(2) Definitions that reference rule 5160-26-03.1 of the Administrative Code are replaced by reference to rule 5160-59-03.1 of the Administrative Code.

(B) In addition to the definitions set forth in rule 5160-26-01 of the Administrative Code, the following definitions apply to Chapter 5160-59 of the Administrative Code:

(1) "Back-up waiver service plan" means a plan that is in place for substitute coverage of 1915(c) waiver services for a youth when a provider is unable to or unresponsive in providing scheduled services. A back-up plan can include natural supports or other certified providers as the substitute of coverage. The child and family team identifies possible back-up options and includes them in the child and family-centered care plan.

(2) "Care coordination" means the model described in rule 5160-59-03.2 of the Administrative Code.

(3) "Care management entity (CME)" means the agency described in rule 5160-59-03.2 of the Administrative Code.

(4) "Child and adolescent needs and strengths (CANS) assessment" means either the "Ohio Children's Initiative Brief CANS assessment" or the "Ohio Children's Initiative Comprehensive



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CANS assessment" found at https://www.medicaid.ohio.gov administered by an individual who has successfully completed training and is certified by the Ohio department of medicaid (ODM) designated entity to administer the CANS assessment.

(5) "Child and family-centered care plan" means the individualized, child-centered, strength-based and family-focused plan of services and supports developed by the child and family team (CFT), the care management entity (CME), the OhioRISE plan, or a combination thereof. When including OhioRISE 1915(c) waiver services described in rule 5160-59-05 of the Administrative Code, the child and family-centered care plan will be developed in accordance with rule 5160-44-02 of the Administrative Code for these services.

(6) "Child and family team (CFT)" means a group of people composed of natural supports (relatives, friends, neighbors, etc.) and formal helpers (teachers, therapists, other professionals, etc.), who are involved with the child and family and who play an important role in the child's life.

(7) "Electronic health record (EHR)" means a record in digital format that is a systematic collection of electronic health information. EHRs may contain a range of data, including demographics, medical history, medication and allergies, immunization status, laboratory test results, radiology images, vital signs, personal statistics such as age and weight, and billing information.

(8) "Family" means any individual or caregiver related by blood or affinity whose close association with the person is the equivalent of a family relationship as identified by the person, including kinship and foster care.

(9) "Incident" has the same meaning as in rule 5160-44-05 of the Administrative Code.

(10) "Individual Crisis and Safety Plan" means a plan developed through care coordination and the child and family team (CFT) to determine specific steps to ensure child and family safety and reduce the risk of harm in the home and community. The individual crisis and safety plan should include individualized, trauma-informed, interventions and de-escalation strategies. The individual crisis and safety plan encompasses what is also referred to as a behavior support plan, which details when an individual's intensive behavior warrants the use of restraints, seclusion, or restrictive intervention to ensure the safety of the individual and those with whom they interact. For members with behaviors



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that pose safety concerns for the member or others, the interventions and de-escalation strategies should be designed with the goal of preventing the use of restraints, seclusion, or restrictive interventions.

(11) "Natural supports" means a uniquely identified network of individuals or groups upon which a primary caregiver or the member rely for voluntary assistance in addressing the member's behavioral health diagnosis, community integration, and management of typical activities of daily living.

(12) "OhioRISE plan" means a prepaid inpatient health plan (PIHP) as defined in C.F.R. 438.2 (October 1, 2021) and a health insuring corporation (HIC) as defined in Ohio Rev. Code 1751.01 which enters into an OhioRISE plan provider agreement with ODM.

(13) "System of care" means a spectrum of effective, community-based services and supports for children and youth with, or at risk for, mental health or other challenges and their families. The system of care is organized into a coordinated network, builds meaningful partnerships with families and youth, and addresses their cultural and linguistic needs in order to help them function better at home, in school, in the community, and throughout life.

(14) "Telehealth" has the same meaning as in rule 5160-1-18 of the Administrative Code.