



In January 2011, Governor John R. Kasich and Lt. Governor Mary Taylor launched Ohio's Common Sense Initiative (CSI) to review Ohio's regulatory system and eliminate excessive and duplicative rules. This report summarizes the CSI priorities already completed or underway in the departments that are coordinated within the Governor's Office of Health Transformation.

COMPLETED	
JFS-10	Removed face-to-face interview for eligibility determination.
JFS-12	Removal of the hospital panel provider restrictions from the Medicaid managed care contracts.
JFS-13	Combined Medicaid provider panel requirements.
JFS-14	Revised Medicaid managed care plan policy regarding submission of hospital and FQHC contracts.
JFS-15	Allowing deeming of HEDIS measures for managed care plans.
JFS-16	Simplified annual open enrollment for managed care.
JFS-17	Created income calculators for Medicaid eligibility determination.
JFS-18	Transferring ICF-MR and Transitions Waiver to DODD.
JFS-19	Streamlining assisted living access.
JFS-20	Making direct behavioral health payments.
JFS-21	Changing Medicaid school program billing code.
JFS-24	Expanding differential response for child welfare.
JFS-27	Medicaid information technology system (MITS) phase one
ADAS-07	OBM shared services to process payments.
ODH-01	Nursing facility regulatory relief.
ODH-02	Adult care facilities transfer to the Department of Mental Health.
ODH-08	Elimination of ODH oversight of marinas.
ODMH-01	"First in, First out" processing system through MACSIS.
ODMH-02	Medicaid funding elevation to state.
ODMH-03	Hospital Consolidation Northcoast hospital.
ODMH-04	Housing program consolidation RSS.
ODMH-05	Increased deemed status recognition for accredited providers.
ODMH-06	Removed several incident reporting categories.
ODMH-07	Creation of ODMH Office of Health Integration.
ODMH-09	Increased use of shared services for payment vouchering.
ODMH-10	Increased use of technology in training.
ODMH-11	Amended rule for forensic evaluation requirements.
RSC-01	Executive staff payroll reduction, saving \$224,000.
RSC-02	Site office reduction (31 to 14), saving \$1.2 million.
RSC-03	DD fraud unit recovery of funds - 41 million in savings.
RSC-04	Disability Determination cost per case -lowest in region.
RSC-05	97.9% Social Security accuracy rate.
RSC-06	211,857 Disability Determination claims filed and served.
RSC-10	Recovery to work program expansion.

<b>COMPLETED (continued)</b>	
AGE-01	Making rules and rule process more business and user friendly.
AGE-03	ODA customer service policy.
AGE-05	Eliminate 6 month residential care facility rule for assisted living eligibility.
AGE-09	Eliminate rule that prevents enrollment into assisting living from the community.
AGE-14	Allow presumptive eligibility for assisted living.
<b>UNDER DEVELOPMENT</b>	
AGE-02	Reorganization to share services between programs.
AGE-04	Recognize and measure full scope of all "front door" activities.
AGE-06	Eliminate contract timelines for assessments.
AGE-07	Eliminate requirement for face-to-face level of care assessment of HCBS clients going to NFs.
AGE-08	Eliminate LOC process rule 5101:3-3-15.
AGE-10	Allow flexibility on minimum qualifications for staff.
AGE-11	Speed the development/implementation of universal functional assessment tool.
AGE-12	Revise pre-admission review.
AGE-13	Pre-admission review.
AGE-15	"No Wrong Door" initiative.
AGE-16	Give AAAs same access and authority to approve state plan services.
AGE-17	Update PIMS.
AGE-18	Simplify process of transferring clients among waivers.
AGE-19	Single waiver written to allow for chapters of rules which are easy to find and to understand.
AGE-20	Eliminate duplication in documentation requirements in PIMS.
AGE-21	Examining and streamlining which providers receive multiple background checks, safety checks or enrollment processes for providing services for multiple agencies.
AGE-22	Allow electronic signatures in programs.
AGE-23	Require reporters (hospitals and nursing facilities) to utilize HENS system statewide
AGE-24	Streamline the assessment tool and make it person-centered to address client needs.
AGE-25	Comprehensive in-home assessments by a RN or LSW providing information and linkage to consumer-centered long-term care options.
AGE-26	Change assessment requirements to speed enrollment. For example, change the rules for environmental to allow hospital visit to initiate services so services can start immediately.
AGE-27	Pre-admission review that creates an online application and consolidate forms.
AGE-28	Level of Care review to prevent unnecessary and inappropriate use of Medicaid services.
AGE-29	Train AAA staff on nursing home transitions.
AGE-30	Train nursing home staff on HCBS eligibility to increase number of appropriate referrals.
AGE-31	Review monitoring requirements to eliminate inefficiencies for care management.
AGE-32	Streamline the WIRED Report.
AGE-33	Minimize duplication in documentation (care plan/case notes/service plan).
AGE-34	Eliminate rule requiring the client to be home before services can begin.
AGE-35	Eliminate requirements to distribute client education pieces.
AGE-36	Allow AAA's to stratify care management intervention according to patient need.
AGE-37	Support care managers when they decide to deny services deemed unnecessary.
AGE-38	Provide access for AAAs to current ER data and other paid service data.
AGE-39	Allow 100% electronic records and provide technical support necessary to make it happen.
AGE-40	Statewide creation and production of materials required for consumer education.

**UNDER DEVELOPMENT (continued)**

AGE-41	AAAs determine appropriate care manager to client ratios needed to achieve outcomes.
AGE-42	Explore a comprehensive, sustainable process for evaluating and modifying each PIMS section/tab.
AGE-43	Review monitoring requirements to eliminate inefficiencies in service specifications and billing.
AGE-44	Revise the PAA manual to eliminate unnecessary and non-value added sections and requirements.
AGE-45	Update PIMS to provide mechanism to share provider data between AAA sites.
AGE-46	Revise and clarify policy 501 client liability collection.
AGE-47	Coordinate with ODH on the oversight of assisted living facilities and for kitchen monitoring of HDM providers.
AGE-48	Allow AAA's to sanction providers who are not performing, particularly where client safety is at risk.
AGE-49	Develop a statewide, interactive website for prospective providers to obtain information and apply online.
DODD-01	Streamline ICF licensure/certification.
DODD-02	Efforts to encourage county boards to share services.
DODD-03	Amend R.C. 5126.15 requirement to provide daily representation to an individual receiving services.
DODD-04	ODH ICF/MR license conversion.
DODD-06	Amend 5126.0210 - DODD role in providing training.
DODD-08	Amend 5123.31-resident records to the Ohio Historical Society.
DODD-09	Amend 5126.043- individual decision making.
JFS-01	Prior authorization for Pharmacy Carve-In
JFS-02	Managed care efficiencies workgroup.
JFS-03	Changing drug pricing updates from monthly to weekly.
JFS-04	Contracting with Eposcrates Formulary hosting system.
JFS-05	Combining five waiver programs into one.
JFS-06	Removing redundant level of care evaluation.
JFS-07	Unified long-term care system advisory workgroup subcommittee.
JFS-08	Medicaid provider incentive program for electronic health records.
JFS-09	Consolidation of Medicaid rules.
JFS-22	Automating certification process for the Work Opportunity Tax Credit (WOTC) program.
JFS-23	Enhancements to Ohio Means Jobs.
JFS-25	Implementing Phase 2 of the on-line benefits application.
JFS-26	Implementing telephonic signature for application of public assistance.
JFS-28	Employer Resource Information Center (ERIC).
JFS-29	Child care time and attendance system.
ADAS-01	Prevention rule review.
ADAS-02	ODADAS/ODMH regulatory reform group.
ADAS-03	Budget amendment to section 3793.06.
ADAS-04	ODADAS/ODMH joint community plan.
ADAS-05	ODADAS staffing reductions.
ADAS-06	ODADAS shared services with ODMH.
ODH-03	Reorganization of staff and centralized scheduling for nursing home surveys.
ODH-04	Intermediate Care Facilities.

<b>UNDER DEVELOPMENT (continued)</b>	
ODH-05	Ohio Tobacco Collaborative.
ODH-06	Revision of the Bureau of Radiation Protection.
ODH-07	Elimination of ODH oversight of manufactured home parks.
ODH-09	Merger of Bureau for Children with medical handicaps and Bureau of Early Intervention Services.
ODH-10	Lead program efficiency.
ODH-11	Help Me Grow rules.
ODH-13	Office of Financial Affairs.
ODMH-12	Regulatory relief workgroup.
ODMH-13	Director given ability to waive mortgage security requirements on a case by case basis.
ODMH-14	Co-location and collaboration between ODADAS and ODMH fiscal staff.
ODMH-15	Reduction in fees and regulations for Adult Care Facilities and Adult Foster Homes.
ODMH-16	Community planning process re-evaluation.
ODMH-17	Provider transition to MITS system.
ODMH-18	Internal management process review.
ODMH-19	Rule notification through use of email system.
ODMH-20	Support services competitive pricing evaluation.
ODMH-22	Electronic Health Records initiative.
RSC-07	Reduction of waiting list by 2,750 people for eventual elimination.
RSC-08	Fee schedule RFP posted for services to prepare and place individuals with disabilities into jobs.
RSC-09	Expansion of the Business Leadership Network (BLN).
RSC-11	Rebranding efforts to improve communication efforts.
RSC-12	Vocational rehabilitation needs assessment.

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