Ohio Department of Medicaid

Provider Stakeholder Office Hours

7/16/2026

Community BH Services

proposed

Rule Change Review

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Tentative Office Hour Topics

- **Week 1:** Introduction
- **Week 2:** Q&A - Addressing initial questions specific to new utilization management thresholds implementation
- **Week 3:** Q&A – Addressing authorization questions, Community Behavioral Health Rehabilitative Services Authorization Request Form
- **Week 4:** Authorization forms/CCPs - walk through MCE processes for submitting authorizations and verifying utilization
- **Week 5:** SUD Authorization Form
- **Week 6:** Off for Juneteenth
- **Week 7:** Recap before 7/1 Go live
- **Week 8:** OFF for July 4th
- **Week 9:** "Real-Time" Office Hours
- **Week 10:** Rule Work Community BH Services
- **Week 11:** Rule Work SUD Services

Ohio Department of Medicaid

Agenda

- Background
- Project Objective
- Overview of rule revision objectives, proposed strategy and key questions
- Next Steps

Background

- The Ohio Department of Medicaid identified the need to refine service definitions, taxonomy, and requirements after implementing Next Generation Managed Care, OhioRISE, and new statewide services like Mobile Response and Stabilization Services (MRSS).

- Updated Ohio Administrative Code rules, along with enhanced utilization management, aim to ensure access to quality services and reduce fraud, waste, and abuse.
  - Community Behavioral Health (CBH) rules were originally intended to support multiple evidence-based practices but ended up too broad, making them vulnerable to being used for profit rather than quality care.
  - Unclear language in current rules creates confusion for members, providers, Managed Care Entities (MCEs), and state agencies.

Objective

Revise Ohio Administrative Code rules to reflect clinical behavioral health service needs of Medicaid members and support providers who are making an earnest attempt to render services appropriately

Today's rules for review -

- 5160-27-02 Coverage and limitations of behavioral health services [reference to CPST]
- 5160-27-03 Reimbursement for community behavioral health services
- 5160-27-04 Mental health assertive community treatment service
- 5160-27-06 Therapeutic behavioral group service-hourly and per diem
- 5160-27-08 Mental health therapeutic behavioral services and psychosocial rehabilitation

Key Questions to Consider

- What are these rules missing when it comes to addressing the treatment needs of your client population?
- What have been the pain points in delivering these services?
- Where is there confusion about understanding application of the rule?
- How can rules promote quality?
- How can the rules ensure integrity of service delivery and prevent abuse?

5160-27-02 Coverage and limitations of behavioral health services

Objective: Reduce duplication of services

Proposed Strategy:

- Eliminate CPST from rule

Key Questions:

- What is the deciding factor when a rendering provider chooses to bill CPST over TBS?
- If CPST were removed as an option, what impact would this have on service delivery within your organization? (aside from impacting the available 'BH rehabilitation units' toward a service threshold)

5160-27-03 Reimbursement for community behavioral health services

Objective: Align rule language with recent changes from the impact of Utilization Management

Proposed Strategy:

- Remove the 90-minute rate reduction for TBS and PSR
- Added detail on selecting place of service code

Key Questions:

- What other clarifications or refinements would you recommend for this rule?

5160-27-08 Mental health therapeutic behavioral services and psychosocial rehabilitation

Objective: Distinguish TBS and PSR to be distinctly different, ensure that providers have clarity on service intent and expectations.

Proposed Strategy: Redefine the service so each has a specific function and clearly identified purpose

- **TBS individual**:
  - focus on psychoeducation and supportive interventions informed by evidenced based practice, for purpose of reducing interference from symptoms of mental illness (reference to a non-exhaustive list of EBPs in the rule)
  - Psychoeducational services to provide instruction/training to family or other supports included as TBS
  - Crisis prevention and amelioration
  - Treatment planning under guidance of a licensed supervisor
  - Consultation with other involved providers
- **PSR**:
  - Interventions to compensate for or eliminate co-occurring functional deficits and promote independent living in a natural community environment
  - Restore, rehabilitate, support functioning and implementation of routines and skills
  - Activities would include symptom management, independent living skills, social skills, interpersonal relationship skills, community integration

TBS, PSR continued...

Proposed Strategy for Both:

- QMHS+3 could bill either- service selection would be based off content of intervention
- QMHS remains limited to PSR
- Service threshold would be raised to 200 units each, given the different functions and in light of removing CPST as a service option
- Enhance detail for exclusions (i.e., what is not eligible for reimbursement)
- Increased emphasis on need for these services to be informed by assessment and treatment plan that captures their current presentation
- Ensure services rendered in a nursing facility do not overlap with services required by the NF per diem payment structure
- Introduce language that services are "co-occurring capable" (to be reciprocal of this same expectation for SUD services)
- Define group services to distinguish from TBS Day Tx

Key Questions

- What types of interventions or supports are missing from the proposed intent for application of TBS and PSR?
- What else could be included in the service definition to illustrate a reasonable 'intended outcome' for these services to measure progress?
- What factors into a decision of determining medical necessity when deciding to render these services?
- For unit-based groups, which option (TBS or PSR) are most applicable to the types of groups already facilitated in your service setting?

5160-27-06 Therapeutic behavioral group service-hourly and per diem

Objective: Revise rule to emphasize the primary purpose of this service to meet intensive clinical service needs of Medicaid members.

Proposed Strategy:

- Raise the expectations for clinically informed, evidenced-based, structured intervention when billing TBS Day Tx
- Align structure to be more like IOP and PHP, consider renaming it as "MH Day Tx“
- Clarify role of rendering provider vs. supervisor
- Differentiate from TBS group
- Clarify limitations around other same day group services
- Consider limitations on staff to client ratio
- Explore requirements and expectations related to service provision via telehealth (i.e., ratios, member engagement/suitability/accessibility, treatment efficacy, etc.).
- Introduce language that the service is co-occurring capable. (MH Dx would still be primary)

Key Questions

- What context (environment) is your organization providing this service within and what is the expected outcome for the Medicaid participants?
- What factors into a decision about when to refer a Medicaid enrollee to a TBS Day Tx program?
- What have been the major pain points for providers in interpreting this rule and rendering the day treatment service?
- How are providers ensuring group participation and efficacy of group service when rendered via telehealth?
- When providers are rendering this service, how is progress measured?
- What is the typical length of stay for individuals participating in a TBS Day Tx program?

5160-27-04 Mental health assertive community treatment service

Objective: Ensure on-going integrity and quality of services without having a prescribed fidelity requirement.

Proposed Strategy:

- Examine opportunities beyond per diem rate

Key Questions

- With the fidelity score requirement removed, how can ODM ensure the ACT program is still rendering services according to the fidelity guidelines
- How could ODM incentivize use other than increasing the per diem reimbursement rate?
- General recommendations to improve the rule language

Next Steps

ODM encourages providers to review proposed strategies and provider questions internally within your organization and submit collective responses (one per billing provider organization) by end of business Wednesday, July 22nd

Topic for 7/23 stakeholder session:

SUD Treatment Services

ODM 5160-27 Rule Package Comment Submission Form

https://forms.office.com/g/ZvzPgHQFSj

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THANK YOU

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