



**Ohio Department
of Medicaid**

Provider Stakeholder Office Hours

7/23/2026

SUD Treatment Services
ACT/SPMI
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-ACT/SPMI
- Week 12:** ABA

Agenda

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

Objective

Revise Ohio Administrative Code rules to reflect clinical behavioral health services including SUD services and services for those Medicaid members with SPMI while supporting providers who are making an earnest attempt to render services appropriately

Today's topics for review

- 5160-27-09 – Substance Use Disorder Treatment Services
- 5160-27-04 – Assertive Community Treatment
- SPMI Population

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?

5160-27-09 SUD Treatment Services: General Updates

Objective: Add clarifying language regarding requirements for rendering SUD services that can be reimbursed by Medicaid

Proposed Strategy:

- Add language that 12-step or other self-led programs are not reimbursable by Medicaid
- Clarify that only one per diem service can be billed per recipient, per day by same or different organizational billing provider
- Consideration of eliminating H0004 and restructuring H0001 as an SUD assessment code accessible to all SUD providers to fulfill the need for ongoing assessment through an SUD episode of care.

Key Questions:

- What challenges does your organization face with regards to meeting ASAM level of care requirements within our current billing framework?
- How are you ensuring services are meeting the needs of clients with co-occurring conditions?
- Are you using H0001 and H0004 and if so, how?

5160-27-09 SUD Treatment Services: ASAM 2 – IOP, PHP, and WM Services

Objective: Add clarifying language regarding requirements for rendering SUD services that can be reimbursed by Medicaid

Proposed Strategy:

- Better define or restructure the IOP and PHP per diem codes
- Defining ambulatory withdrawal management within rule
- Clarification on telehealth application, particularly for WM

Key Questions:

- We are exploring restructuring IOP and PHP. For example, structuring these services as a bundled code as opposed to a per diem for a single procedure code. How would this change impact the operations of your organization?
- For IOP and PHP, how are you determining who is appropriate for telehealth vs. in person sessions? How are you ensuring patient engagement during telehealth group counseling?
- What activities are being conducted, in practice, as part of the ambulatory withdrawal management per diem? How is this service managed via telehealth?

5160-27-09 SUD Treatment Services: ASAM 3 - Residential Services

Objective: Add clarifying language regarding requirements for rendering SUD services that can be reimbursed by Medicaid

Proposed Strategy:

- Clarify which services are included in the residential per diem, particularly as it relates to medical services
- Better define an "affiliated provider" of residential services

Key Questions:

- What additional services are unaffiliated providers rendering in residential settings?
- How are residential services structured daily? How many face to face interactions with a licensed provider occur per day? Are there example schedules with who is providing each service?

ACT/SPMI Population

Additional questions for feedback:

What coverage gaps do you see when providing treatment to high acuity members?

How is ACT eligibility criteria driving implementation of ACT at your agency?

Would any proposed rule revisions from today and last week's office hours disrupt care delivery for SPMI populations?

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 29th

Topic for 7/30 stakeholder session:

ABA

**ODM 5160-27 Rule Package
Comment Submission Form**



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

THANK YOU

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