



**Ohio Department
of Medicaid**

Behavioral Health Stakeholder Office Hours

Kick Off

May 15, 2026



Department of
Medicaid

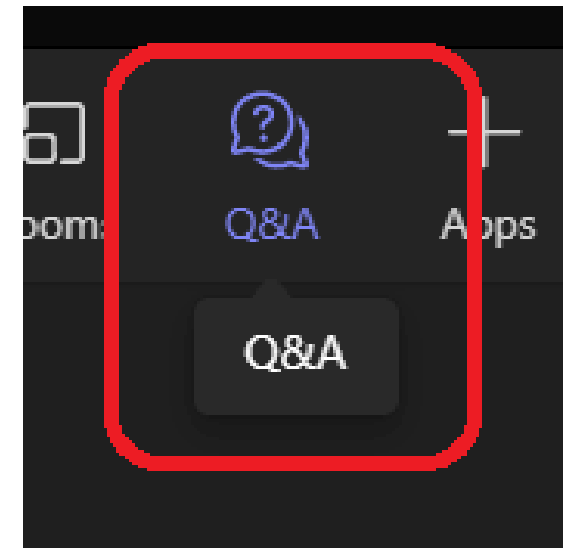
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Housekeeping

- All participants are muted and the chat is disabled
- If you would like to submit a question you may use the Q&A feature at the top of the TEAMS webinar
- AI bots used for recording or note taking will be removed



Agenda

- Overview of Weekly Office Hours
- Background
- Stakeholder Work To Date
- New Utilization Management Limits
- Utilization Management Implementation

BH Provider Office Hours

Weekly stakeholder office hours begin May 15th

- Meetings occur on Thursdays with registration sent in advance
- Share policy updates and gather provider feedback
- Providers should attend sessions relevant to their business lines and include subject matter experts
- Format includes an ODM presentation and Q&A
- Questions must be submitted through meeting registration (not the BH policy email)
- Additional questions may be entered in the meeting Q&A and will be addressed during or in future sessions
- Presentations will be posted on the Medicaid BH website

Tentative Office Hour Topics

Week 1: Introduction

Week 2: Q&A - Addressing initial questions specific to new utilization management thresholds implementation

Week 3: Authorization forms, including utilization of new accompanying tools for SUD form

Week 4: Authorization forms/CCPs - walk through MCE processes for submitting authorizations and verifying utilization

Week 5: Q&A - Level set following first month of office hours

Week 6: Redefining the community rehabilitative services package (TBS, PSR, CPST)

Week 7: SUD services Part 1

Week 8: ABA Implementation

Week 9: SUD Services Part 2

Week 10: Enrollment and Workforce

Background

- Recent significant expansion in ODM's behavioral health infrastructure
 - BH redesign
 - Statewide crisis response system
 - OhioRISE
 - Expansion of telehealth
 - Implementation of 1115 SUD Demonstration Waiver
- MCEs initiating new utilization management strategies
- Focus on Medicaid spending and program integrity
- Balance expansion of access to services with medical necessity

Recent Stakeholder Engagement

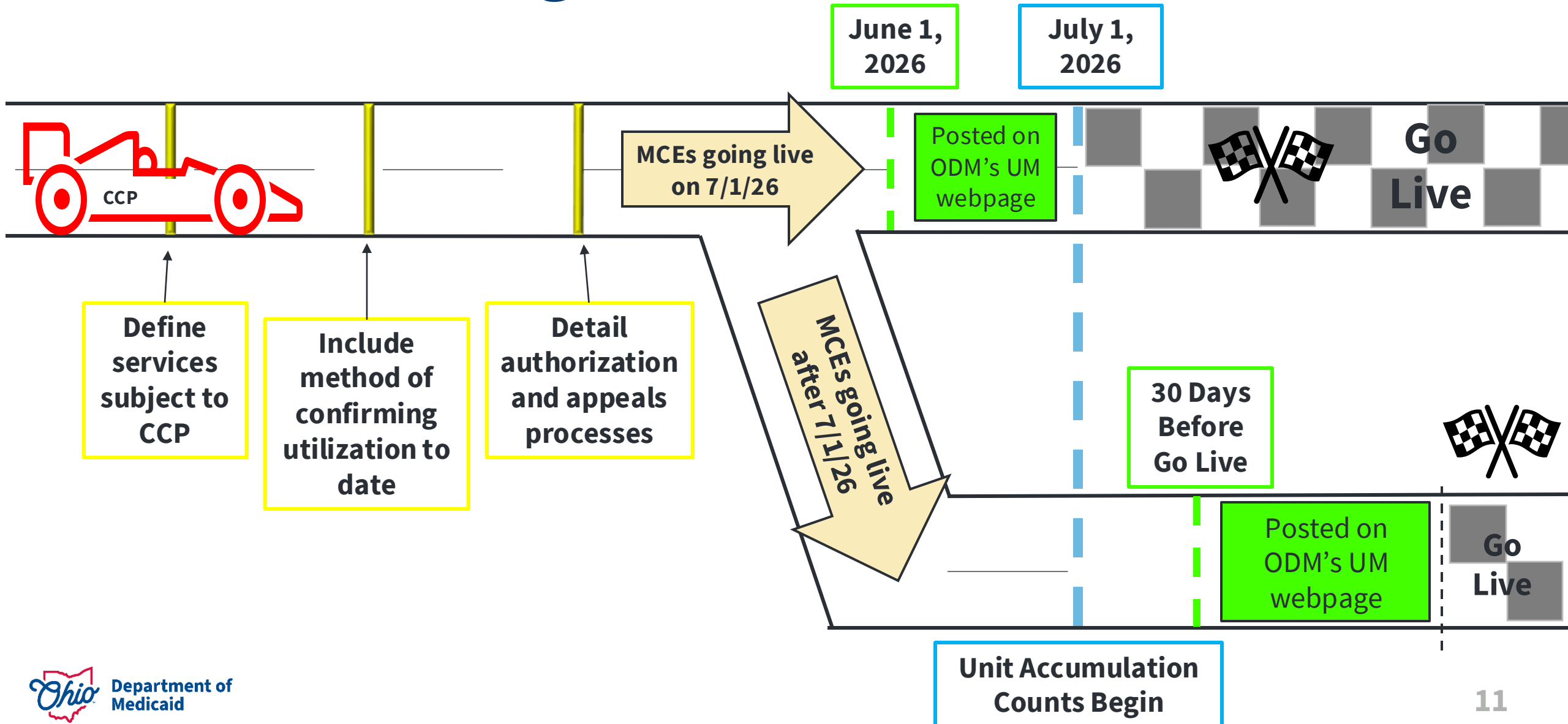
In early 2026, ODM convened a group of stakeholders from provider advocacy groups and MCEs to:

- Review utilization data (e.g., rates, length of stay etc.) to identify concerns
- Finalize consistent thresholds for medical necessity reviews
- Gather feedback on UM impacts
- Streamline documentation and workflows

New Utilization Management Thresholds

Service Name	Service Code	Service Threshold at which authorization is required	Turn around response time by the MCO
Therapeutic Behavioral Service - Individual	H2019	200 units (50hrs) combined TBS or PSR per calendar year	7 days
Therapeutic Behavioral Service - Group	H2019 HQ	120 units (30hrs) per calendar year	7 days
Therapeutic Behavioral Service Day Treatment			
Per Diem	H2020	After 30 units per calendar year	7 days
Community Psychiatric Support Treatment – Individual	H0036	200 units (50hrs) per calendar year	7 days
Community Psychiatric Support Treatment – Group	H0036 HQ	120 units (30hrs) per calendar year	7 days
Psychosocial Rehabilitation Service	H2017 H0012	200 units (50hrs) combined TBS or PSR per calendar year	7 days
SUD Ambulatory Withdrawal Management	H0014	After 7 th consecutive day	48 hours
SUD Intensive Outpatient Program	H0015	After 30 units per calendar year	7 days
SUD Residential Clinically Managed -WM	H0010	After 7 th consecutive day	48 hours
SUD Residential Medically Managed -WM	H0011	After 7 th consecutive day	48 hours

Clinical Coverage Policies



Authorization Forms

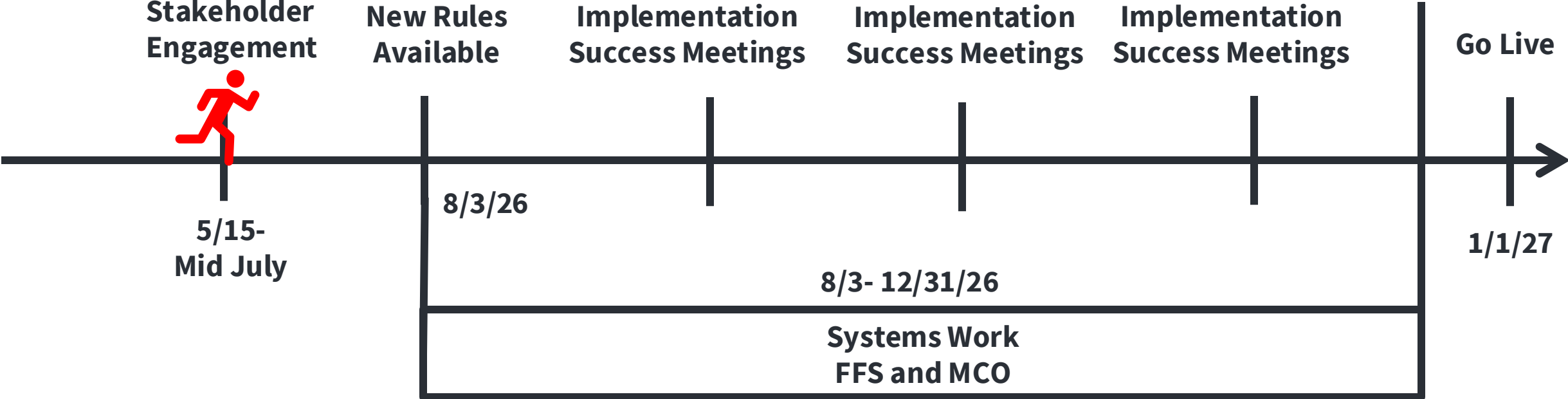
Additional detail will be discussed further in future stakeholder meeting

- Form Implementation
 - Note: For use by both FFS and MCEs on July 1*
- Community Mental Health Authorization Form
- SUD Authorization Form



Tentative Timeline

through Jan 1, 2027



Frequently Asked Questions

Which provider types do these limits apply to?

The new UM thresholds apply to 84s/95s

How are utilization management thresholds calculated?

Utilization Management thresholds are applied per member. Providers can work with the designated point of contact from the MCE to track service units.

Do these limits impact FFS?

At this time, the UM limits are for managed care entities. Timeline for FFS utilization management will be forthcoming.

If my client transfers plans through the year, will thresholds be restarted?

Service thresholds will not restart upon enrolling in a different plan. This includes MyCare, which is an option throughout the year for those individuals.

How will units be tracked for multiple providers billing services on the same day, unit based and per diem?

Providers are required to know other services their clients are receiving and must coordinate accordingly.