



Frequently Asked Questions

Changes to OhioMHAS Licensure and Certification
Requirements per House Bill 33

General Questions

- 1. I am a Nurse Practitioner, and I provide Psychiatric and Addiction Medicine care to patients on an out-patient basis. As an independent provider of these services, do I need to become certified by OhioMHAS, or just the facility where I practice?**

No, nurse practitioners and other Ohio-licensed health professionals are exempt from OhioMHAS certification under Ohio Revised Code (ORC) 5119.35(B)(1) to the extent that they are providing services authorized by their license. That exemption applies to an individual who holds a valid license, certificate, or registration issued by the State of Ohio authorizing the practice of a health care profession that includes the performance of any service that is required to be certified as described in ORC 5119.35, regardless of whether the service is performed as part of a sole proprietorship, partnership, or group practice.

- 2. We are a local public health department who operates a home visiting program for pregnant women, mothers, and babies. As part of the program, we have social workers who will diagnose and refer parent/parenting women for mental health services and medication to a contracted psychiatrist. Does this program have to be OhioMHAS certified?**

No, in this instance the described services are provided by health care professionals working for the health department who are exempt from OhioMHAS certification under ORC 5119.35(B)(1). Accordingly, the program does not need to be certified by OhioMHAS.

- 3. We are a hospital that has outpatient behavioral health clinics, do we have to be OhioMHAS certified under the new statutory changes for each clinic?**

No, under ORC 5119.35(B)(2), an individual who provides any service that is required to be certified as described in ORC 5119.35 as part of an employment or contractual relationship with a hospital outpatient clinic that is accredited by an accreditation agency or organization approved by the OhioMHAS Director is exempt from OhioMHAS certification.

- 4. What is the timeline for any rule changes and the corresponding process for community behavioral health services providers?**

The ORC changes become effective on Tuesday, October 3, 2023. OhioMHAS is required to align our impacted Ohio Administrative Code (OAC) rules with the ORC changes. It typically takes several months to move revised rules through the public rule making process.

OhioMHAS is currently reviewing our rules for required changes, including rules in OAC chapters 5122-25 through 5122-29. The rule process includes periods for public comment.

OhioMHAS is committed to working with providers throughout the rule making process to not create any undue hardship.

- 5. What are the key dates around this work?**

Beginning October 3, 2023, all new providers are required to be compliant with the new ORC and subsequent revised OAC.

Beginning October 3, 2023, new community behavioral health services providers seeking initial certification of services must hold national accreditation for the services that OhioMHAS determines have national accreditation standards.

Beginning October 3, 2023, current providers licensed or certified by OhioMHAS are required to be compliant with the new ORC changes and subsequent revised OAC rules.

Beginning October 1, 2025, current community behavioral health services providers seeking renewal certification of services must hold national accreditation for the services that OhioMHAS determines have national accreditation standards.

2023, or a provider who currently holds OhioMHAS certification prior to October 3, 2023, the provider will have until October 1, 2025, to obtain full accreditation status from an OhioMHAS recognized national accrediting body.



6. For an initial application for certification, it is our understanding the certification and national accreditation will be due 90 days after House Bill 33 is signed making the deadline early October 2023, is that correct? If so, we understand to receive a national accreditation could take several months, will there be an extended time for fulfilling this requirement?

For a new community behavioral health services provider, defined as a provider who has an application in submitted status for certification on or after October 3, 2023, or a provider who does not hold OhioMHAS certification prior to October 3, 2023, the provider must have a provisional, preliminary, conditional, and/or limited temporary accreditation status from an OhioMHAS recognized national accrediting bodies. The provider will be issued an interim OhioMHAS certification for a limited duration while they seek full national accreditation.

For a current community behavioral health services provider defined as a provider who has an application in submitted status prior to October 3, 2023, or a provider who holds OhioMHAS certification prior to October 3, 2023, the provider must have national accreditation when it seeks renewal certification on or after October 1, 2025.

7. What national accreditation bodies does OhioMHAS recognize? Will OhioMHAS recognize National Council on Quality Assurance for Behavioral Health (NCQA-BH) distinction for integration of primary care or Accreditation Association for Ambulatory Health Care (AAAHC)?

OhioMHAS currently recognizes the Joint Commission (TJC), Commission on Accreditation of Rehabilitation Facilities (CARF), and Council on Accreditation (COA) accreditations for deemed certification purposes. The Director of OhioMHAS may determine other behavioral health accreditations that will be accepted for national accreditation.

Federally Qualified Health Center (FQHC) Specific Questions

8. We are an FQHC. If we are providing behavioral health In scope, Other Activities, or Psychiatry as part of our FQHC designation, will we need to be certified by OhioMHAS?

No, the Department has determined OhioMHAS certification will not be required if a FQHC provision of behavioral health services is provided as part of their FQHC designation as In scope, Other Activities or Psychiatry (including the prescribing of psychotropics and medication assisted treatment). These behavioral health services are defined in OAC as:

- General services, OAC 5122-29-03
- Consultation service, OAC 5122-29-19
- Referral and Information service, OAC 5122-29-22

9. We are an FQHC. If we are providing out of scope behavioral health services as part of our FQHC designation, will we need to be certified by OhioMHAS?

Yes, the Department has determined OhioMHAS certification will be required if a FQHC who is providing behavioral health services as part of their FQHC designation as Out of Scope must obtain OhioMHAS certification and hold national accreditation. These behavioral health services are defined OAC as:

- Mental health day treatment, OAC 5122-29-06
- Forensic evaluation service, OAC 5122-29-07
- Behavioral health hotline service, OAC 5122-29-08
- Residential and withdrawal management substance use disorder services, OAC 5122-29-09
- Substance use disorder qualified residential treatment program (QTRP) for youth, OAC 5122-29-09.1
- Crisis intervention service, OAC 5122-29-10
- Employment service, OAC 5122-29-11
- Driver intervention program, OAC 5122-29-12
- SUD case management service, OAC 5122-29-13
- Mobile response and stabilization service, OAC 5122-29-14
- Peer recovery services, OAC 5122-29-15
- Peer run rganization, OAC 5122-29-16
- Community psychiatric supportive treatment (CPST) service, OAC 5122-29-17
- Therapeutic behavioral services & psychosocial rehabilitation, OAC 5122-29-18
- Prevention service, OAC 5122-29-20
- Supplemental behavioral health services, OAC 5122-29-27
- Intensive home-based treatment (IHBT) service, OAC 5122-29-28
- Assertive community treatment (ACT), OAC 5122-29-29

10. Our FQHC uses an integrated model where we lease employees from OhioMHAS certified community behavioral health services providers. The community behavioral health services provider is nationally accredited. What does this mean for our FQHC? Do we need to have national accreditation as well?

If a FQHC is contracting with an OhioMHAS certified provider for non-specialized behavioral healthcare services as defined above in question 8, the FQHC does not need to be certified by OhioMHAS.

11. Our FQHC currently holds MHAS certification and may now have to obtain national accreditation approved by the state by October 2023, is this accurate?

No, a current community behavioral health services provider who holds OhioMHAS certification prior to October 3, 2023, must have national accreditation when it first seeks renewal certification on or after October 1, 2025.

12. We are a FQHC. We hold OhioMHAS certification for General Services, Community Psychiatric Supportive Treatment (CPST), Substance Use Disorder (SUD) case management, and Therapeutic Behavioral Services (TBS) /Psychosocial Rehabilitation (PSR) Services. We are in the process of seeking national accreditation from Triple AAA for a dental residency program we are starting. Will OhioMHAS recognize Triple AAA for national accreditation? Can our behavioral health services clinic be accredited by CARF while the rest of our organization is nationally accredited through TripleAAA?

An organization can hold multiple national accreditations. Currently Triple AAA is not recognized by OhioMHAS for national accreditation. Please keep in mind that OhioMHAS regulates behavioral health services. As previously stated, OhioMHAS does recognize CARF accreditation, along with TJC and COA, for national accreditation.

HB33 Webinar Questions

13. How is appropriate staffing defined?

While OhioMHAS will be addressing staffing in the new rules, the providers will need to be cognizant of maintaining staffing sufficient to meet the needs of patient care and safety.

14. Does this impact Type 21-Physician Medical Group practices/agencies providing mental health services?

No, Ohio Department of Medicaid Type 21 Physician Group Practice are exempt under ORC 5119.35.

15. Do I assume correctly that “provider” is referring to an agency, not individual providers who work at an agency?

Yes, OhioMHAS certification is issued at the provider organization level not the individual practitioner level.

16. Does having a history of an adverse action in the past 3 years disqualify a current provider from license renewal?

Possibly, yes. With respect to community behavioral health services providers, residential facility providers and private psychiatric hospitals, an applicant seeking renewed certification or licensure, is eligible to receive the certification only if both of the following are the case:

- The applicant has adequate staff and equipment to provide the certifiable services and supports; and
- OhioMHAS has not been notified or is not otherwise aware that the applicant, or any owner or principal of the applicant, has been the subject of an adverse action taken during the three-year period immediately preceding the date of application.

17. Has there been any consideration to allowing accredited OTPs deemed status certification?

Opiate Treatment Program licensure is not included in the HB 33 language. The corresponding community behavioral health services provider will be required to obtain national accreditation.

18. If currently CARF accredited, will a provider continue to have deemed status?

Yes, current certified OhioMHAS community behavioral health services providers will remain certified & their CARF accreditation will be recognized. At the first renewal, on or after October 1, 2025, any current non-deemed services now requiring national accreditation will need to be added to the provider's national accreditation.

19. When are the crosswalks expected to be released?

Expected by mid to late September. The Department is finalizing the certified services and National Accreditation crosswalk which will identify the specific national accreditation standards that will meet specific OhioMHAS certified services.

20. Does disciplinary action include plans of correction following a re-licensure survey?

Generally, no, provider plans of correction in response to findings of the Department’s initial or renewal onsite survey are not defined as adverse action.

21. How can a new organization actually get started if certification is mandatory to provide a service, yet one can’t deliver a service without accreditation? Will this result in a freeze to Ohio’s roster of providers which are presently delivering services?

No, the intent is not to freeze Ohio’s roster of providers. Beginning, October 3, 2023, OhioMHAS will begin accepting preliminary, provisional, and limited temporary accreditation from TJC, CARF, and COA. The Department will issue an interim 180 day certificate which will be renewable for an additional 180 day period. The provider will have 360 days from the date of the OhioMHAS initial interim certification to obtain full national accreditation for the certified services they wish to provide.

OhioMHAS is currently reviewing our rules for required changes, including rules in OAC chapters 5122-25 through 5122-29.

22. Does the statistical data refer to OBHIS data?

Yes, OBHIS data fits under the umbrella of multiple statistical data sets required for state funding and federal grants. ORC 5119.61 includes but is not limited to other statistical data required for OhioMHAS state funding and federal grants.

23. Can you repeat when will National Accreditation be required for prevention?

Pursuant to ORC 5119.36(B)(4), an applicant seeking an initial or renewed certification to provide prevention services is exempt from mandatory national accreditation. Thus, for such providers, attaining accreditation for prevention services is optional. Historically, OhioMHAS has accepted national accreditation for prevention services; it is one of the 10 deemed services identified in OAC 5122-25-02. For the organizations that have national accreditation for prevention, OhioMHAS will continue to recognize it. For agencies that opt not to obtain national accreditation for prevention services, the Licensure & Certification division will complete onsite surveys for regulatory compliance as a non-nationally accredited provider.

24. We operate a recovery house, level 2 & level 3 residential facility who was CARF certified in May 2023 for Community Housing under the instruction of OHMAS April 2022, to receive local & state funding after July 1st, 2023. Does our CARF accreditation satisfy HB 33 changes?

As defined in R.C. 5119.01 as amended by HB 33, a “recovery housing residence” is a residence for individuals recovering from alcohol use disorder or drug addiction that provides an alcohol-free and drug-free living environment, peer support, assistance with obtaining alcohol and drug addiction services, and other recovery assistance for alcohol use disorder and drug addiction.

Under R.C. 5119.392, if a provider is operating a recovery housing residence, that residence must possess accreditation or its equivalent from one of the following organizations not later than January 1, 2025: (1) the Ohio affiliate of the National Alliance for Recovery Residences (which is Ohio Recovery Housing (ORH)); (2) Oxford House, Inc.; or (3) another organization designated by the Department. Currently, the Department has not designated another organization, so only ORH and Oxford House accreditation would be acceptable. CARF accreditation, as of now, would not be acceptable accreditation as of January 1, 2025.

25. What is the amount of the fine for data non-compliance?

R.C. 5119.61(F) specifies that the OhioMHAS Director may fine a community behavioral health services provider \$1,000 for the first failure to comply with the data reporting requirement and \$2,000 for each subsequent failure to comply with the requirement.

26. Will there be training available for RCF operators to take?

OhioMHAS works with the Ohio Adult Care Facility Association to provide training opportunities for Residential Class 2 and 3 providers.



27. If we get reviewed by The Joint Commission for IOP, do we still need to get certified by OhioMHAS in the hospital system?

An individual who provides any service that is required to be certified as described in ORC 5119.35 as part of employment or contractual relationship with a hospital outpatient clinic that is accredited by a national accrediting body approved by the OhioMHAS Director is exempt from OhioMHAS certification. Please note the following youth specific certified services do require OhioMHAS certification: Mobile Response & Supportive Service (MRSS); Psychiatric Residential Treatment Facility (PRTF); Qualified Residential Treatment Provider (QRTP), and Substance Use Disorder – Qualified Residential Treatment Provider (SUD-QRTP).

28. CARF does not have a direct correlation to CPST and TBS services that I can see. Do these fall under outpatient services?

No, CARF Outpatient Services standards do not meet the OhioMHAS certified service requirement for Community Psychiatric Treatment Services (CPST) and Therapeutic Behavioral Services/Psychosocial Rehabilitation (TBS/PSR).

OhioMHAS will accept CARF Case Management / Services Coordination (MH only, or Integrated SUD/MH) for national accreditation for Community Psychiatric Supportive Treatment.

OhioMHAS will accept CARF Community Integration (Field categories: Psycho-Social Rehabilitation or MH-Adults) and/or Case Management/Services Coordination for national accreditation for Therapeutic Behavioral Health Services/Psychosocial Rehabilitation.

29. If our accreditation is up in December 2025 could we request a waiver to extend the October 1 deadline since we usually host CARF in November?

At your organization's first OhioMHAS renewal application, on or after October 1, 2025, the organization will be required to hold national accreditation for the required services. The expiration date of your national accreditation does not impact the ORC effective date of October 1, 2025. You may need to speak to CARF about adding additional services on a preliminary basis to your national accreditation. If you have specific questions about your organization's next OhioMHAS renewal date, please contact your OhioMHAS lead surveyor.

30. The website mentions interim OhioMHAS certification. Can you describe this process?

Information about the Interim certification process can be found in [OAC 5122-25-05](#).

The ORC changes become effective on Tuesday, October 3, 2023. OhioMHAS is required to align our impacted Ohio Administrative Code (OAC) rules with the ORC changes. It typically takes several months to move revised rules through the public rule making process.

OhioMHAS is currently reviewing our rules for required changes, including rules in OAC chapters 5122-25 through 5122-29. The rule making process includes periods for public comment. OhioMHAS is committed to working with providers throughout the rule making process to not create any undue hardship.

31. How does this affect private practice providers?

A private practice practitioner is exempt from having to attain OhioMHAS certification for certifiable services and supports pursuant to R.C. 5119.35(B)(1) if the individual holds a license, certificate, or registration issued by an Ohio professional licensing agency authorizing the practice of a health care profession that includes the performance of any OhioMHAS certifiable service, regardless of whether the service is performed as part of a sole proprietorship, partnership, or group practice.

32. If a hospital behavior health unit falls under the hospital Joint Commission standards, are there requirements to survey under Behavior Health manual/standards?

An individual who provides any service that is required to be certified as described in ORC 5119.35 as part of employment or contractual relationship with a hospital outpatient clinic that is accredited by a national accrediting body approved by the OhioMHAS Director is exempt from OhioMHAS certification. Please note the following youth specific certified services do require OhioMHAS certification: Mobile Response & Supportive Service (MRSS); Psychiatric Residential Treatment Facility (PRTF); Qualified Residential Treatment Provider (QRTP), and Substance Use Disorder – Qualified Residential Treatment Provider (SUD-QRTP).

33. When will services requiring national accreditation like peer recovery services be decided on?

Expected by mid or late September. The Department is finalizing the certified services and National Accreditation crosswalk which will identify the specific national accreditation standards that will meet specific OhioMHAS certified services.

34. If a contracted agency out of state chooses not to place with a Residential Facility anymore is that reportable issue? They do not license or certify us.

The situation described is not one of the reportable incidents as defined in OAC 5122-26-13 for a community behavioral health services provider.

35. Are you only speaking about OMHAS QRTPs vs ODJFS QRTPs?

The OhioMHAS and ODJFS Ohio Administrative Code rules for qualified residential treatment providers (QRTP) both require the organization to have a residential program that is accredited by at least one of the following national accrediting bodies TJC, CARF, and COA. The rule reference for OhioMHAS is 5122-30-32 (B)(1).

36. I have a related but not entirely connected question about what qualifies as 3 years experience for case management candidates. Does support staff work qualify?

The Community Behavioral Health Services certification linked to the Class 1 Residential program will require the certified services to be nationally accredited.

Youth – Class 1 Mental Health Residential, Qualified Residential Treatment Program (QRTP) requires the residential program to be accredited by one of the following national accrediting bodies: TJC, CARF, and COA.

37. Will this legislation cap or limit the number of providers in an area? I live in a small community in Southern Ohio where we have many sober living homes.

The HB 33 updates for private psychiatric hospitals, residential facilities, and community behavioral health services providers will not cap or limit the number of private psychiatric hospitals, community behavioral health services providers, or residential facility operators.

In HB 33, there are updates regarding recovery housing. As defined in R.C. 5119.01 as amended by HB 33, a “recovery housing residence” is a residence for individuals recovering from alcohol use disorder or drug addiction that provides an alcohol-free and drug-free living environment, peer support, assistance with obtaining alcohol and drug addiction services, and other recovery assistance for alcohol use disorder and drug addiction.

Under R.C. 5119.392, if a provider operating a a recovery housing residence, that residence must possess accreditation or its equivalent from one of the following organizations not later than January 1, 2025: (1) the Ohio affiliate of the National Alliance for Recovery Residences (which is Ohio Recovery Housing (ORH)); (2) Oxford House, Inc.; or (3) another organization designated by the Department. Currently, the Department has not designated another organization, so only ORH and Oxford House accreditation would be acceptable. CARF accreditation, as of now, would not be acceptable accreditation as of January 1, 2025.

A summary of the HB 33 updates on recovery housing is available in the final analysis for HB 33, available beginning on page 465 of that document. The final analysis may be accessed here: <https://www.legislature.ohio.gov/download?key=21327&format=pdf>.

38. We are a county public health department who uses our own health department funds, not Medicaid or ADAMH Board funds, to provide home visiting service to the community using the Moving Beyond Depression as one intervention curriculum in the home visiting program. We contract with a psychologist for any participants who would require further treatment than the evidence based curriculum provides or if they would require a prescription for meds. We just wanted to make sure that as a local health department providing home visiting services to the community that we are considered part of a group medical practice-type setting.

No, in this instance the described services are provided by health care professionals working for the health department who are exempt from OhioMHAS certification under ORC 5119.35(B)(1). Accordingly, the program does not need to be certified by OhioMHAS.

39. We are independent crisis line and 211/I&R serving Delaware and Morrow Counties and are funded by the local MH&RS Board. We have been certified by OhioMHAS in the areas of Hotline, I&R, and Prevention since 1991. We are accredited by two national standard-setting organizations applicable to our fields, Inform USA (formerly the Alliance of Information & Referral Systems since 2003) and the AAS (the American Association of Suicidology since 1988). Both of those are required for us to operate as a 211 and 988 agency. Will MHAS recognize either Inform USA or the American Association of Suicidology for behavioral health hotline or Referral and Information certified services?

Currently Inform USA and the American Association of Suicidology is not recognized by OhioMHAS for national accreditation. OhioMHAS has determined Referral and Information as defined in OAC 5122-29-22 is an Ohio specific service; the department will not recognize national accreditation for referral and information certified service.

40. For a community behavioral health services provider, which certified services will require national accreditation?

| National Accreditation Required | National Accreditation Optional | Ohio Specific Services <i>OhioMHAS will not recognize National Accreditation</i> | Under Department Review |
|--|--|--|--|
| General services | Prevention | Forensic evaluation | Driver intervention program |
| Mental health day treatment | | Consultation | Mobile response & stabilization services |
| Behavioral health hotline | | Referral & information | Peer recovery services |
| Residential and withdrawal management, substance use disorder services | | Supplemental behavioral health | Peer run organization |
| Crisis intervention | | | |
| Employment services | | | |
| SUD case management | | | |
| Community psychiatric supportive treatment | | | |
| Therapeutic behavioral services & psychosocial rehabilitation | | | |
| Intensive home-based treatment | | | |
| Assertive community treatment | | | |
| SUD, qualified residential treatment program (QRTP) for youth* | | | |
| Qualified residential treatment program* | | | |

41. We are currently certified for Prevention, Behavioral Health Hotline and Referral and Information. Will we be required to obtain any of the national accreditations by the next time we recertify? Our current certifications expire in April 2025. We are nationally accredited by Inform USA (formerly known as the Alliance of information and Referral Systems). How would we go about having this accreditation added to the list?

Currently Inform USA and the American Association of Suicidology is not recognized by OhioMHAS for national accreditation. OhioMHAS has determined Referral and Information as defined in OAC 5122-29-22 is an Ohio specific service; the department will not recognize national accreditation for referral and information certified service.

42. Under the new rules would a Class 1 Mental Health Residential Program require accreditation?

The Community Behavioral Health Services certification linked to the Class 1 Residential program will require the certified services to be nationally accredited.

Youth – Class 1 Mental Health Residential, Qualified Residential Treatment Program (QRTP) requires the residential program to be accredited by one of the following national accrediting bodies: TJC, CARF, and COA.



43. Am I understanding today's webinar correctly that a licensed social worker/counselor who owns a private practice (non-community behavioral health center) and provides outpatient behavioral health services (therapy/case management) does or does not need OHMHAS and CARF certification.

A private practice practitioner is exempt from having to attain OhioMHAS certification for certifiable services and supports pursuant to R.C. 5119.35(B)(1) if the individual holds a license, certificate, or registration issued by an Ohio professional licensing agency authorizing the practice of a health care profession that includes the performance of any OhioMHAS certifiable service, regardless of whether the service is performed as part of a sole proprietorship, partnership, or group practice.

44. I am trying to gather additional information regarding group practices vs Community Mental Health Centers vs Private practices. Specifically, I am wondering about the differences that define these entities according to OhioMHAS, as well as the certification and accreditation differences between these agencies.

A sole proprietorship is when a private practice practitioner provides behavioral health services and works by themselves. The individual must hold a license, certificate or registration issued by an Ohio professional licensing agency authorizing the practice of a health care profession. *A practitioner will need to seek clarification from the appropriate Ohio professional licensing agency to determine what services they are able to provide under their professional scope of practice associated with their license, certificate or registration without being OhioMHAS certified.* These individuals are exempt from OhioMHAS certification pursuant to R.C. 5119.35(B)(1). *EXAMPLE: A LISW who is offering individual or group counseling, in the scope of their professional licensure, in a private practice setting.*

A partnership or group practice is when there are two or more private practice practitioners who mutually agree to financially cost share office space, administrative staff, and business equipment for economies of scale. The private practice practitioners operate independently from one another. These individuals are exempt from OhioMHAS certification pursuant to R.C. 5119.35(B)(1). *EXAMPLE: Two or more LISWs, who share the same rented office space and support staff, where they independently perform individual or group counseling, in the scope of their professional licensure, as private practice practitioners.*

A community mental health services provider, pursuant to R.C.5119.01, means an agency, association, corporation, individual, or program that provides either of the following:

- Mental health services that are certified by the director of mental health and addiction services under section [5119.36](#) of the Revised Code;
- Recovery supports that are related to mental health services and paid for with federal, state, or local funds administered by the department of mental health and addiction services or a board of alcohol, drug addiction, and mental health services.

A community addictions provider, pursuant R.C.5119.01, means an agency, association, corporation or other legal entity, individual, or program that provides one or more of the following:

- Alcohol and drug addiction services that are certified by the director of mental health and addiction services under section [5119.36](#) of the Revised Code;
- Gambling addiction services;
- Recovery supports that are related to alcohol and drug addiction services or gambling addiction services and paid for with federal, state, or local funds administered by the department of mental health and addiction services or a board of alcohol, drug addiction, and mental health services.