

13. Other diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in the plan. (Continued)

d. Rehabilitative services (Continued)

1. COMMUNITY MENTAL HEALTH SERVICES PROVIDED BY COMMUNITY MENTAL HEALTH FACILITIES (Continued)

c. ASSISTANCE AND SUPPORT IN CRISIS SITUATIONS INVOLVING THE PERSON SERVED;

d. SUPPORT, INCLUDING EDUCATION AND CONSULTATION, FOR FAMILY/SIGNIFICANT OTHERS WHICH IS DIRECTED EXCLUSIVELY TO THE WELL-BEING AND BENEFIT OF THE PERSON SERVED AND ASSISTIVE TO MAINTAINING INDEPENDENT LIVING IN THE COMMUNITY;

e. INDIVIDUAL INTERVENTION, WHICH SHALL HAVE AS ITS OBJECTIVE THE DEVELOPMENT BY THE PERSON SERVED OF INTERPERSONAL AND COMMUNITY COPING SKILLS, INCLUDING ADAPTING TO HOME, SCHOOL, AND WORK ENVIRONMENTS;

f. SYMPTOM MONITORING SELF-MANAGEMENT OF SYMPTOMS, WHICH SHALL HAVE AS ITS OBJECTIVE THE IDENTIFICATION AND MINIMIZATION OF THE NEGATIVE EFFECTS OF PSYCHIATRIC SYMPTOMS WHICH INTERFERE WITH THE INDIVIDUALS DAILY LIVING, FINANCIAL MANAGEMENT, PERSONAL DEVELOPMENT, OR SCHOOL OR WORK PERFORMANCE;

g. ASSISTANCE TO THE PERSON SERVED IN INCREASING SOCIAL SUPPORT SKILLS AND NETWORKS THAT AMELIORATE LIFE STRESSES RESULTING FROM THE PERSON'S DISABILITY AND ARE NECESSARY TO ENABLE AND MAINTAIN THE INDIVIDUAL'S INDEPENDENT LIVING. IF NECESSARY, ACCOMPANYING THE PERSON SERVED TO ACTIVITY SITES AND ASSISTANCE IN DAILY LIVING ACTIVITIES.

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13. Other diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in the plan. (Continued)

d. Rehabilitative services. (Continued)

1. COMMUNITY MENTAL HEALTH SERVICES PROVIDED BY COMMUNITY MENTAL HEALTH FACILITIES (Continued)

BILLABLE SERVICES: All covered services are to be billed on a unit rate basis in accordance with the "unit" definition set forth in Attachment 4.19-B, Item 13. For purposes of the community mental health facility program, a billable unit of service is defined as an hour-measured or day-measured face-to-face contact between a client and a professional authorized to provide mental health services. For a community mental health service to be defined as a unit, it must meet the definitions set forth in this paragraph and must be recorded in the client's mental health record.

- (i) Billable units of service are limited to those which take place at the site certified for participation in the community mental health facility program or at a SITE deemed appropriate according to the service standard and provider qualification administrative rules.
- (ii) Units of service with individuals other than the client are not billable. A unit of service, for example, with a family member to discuss the diagnosis and/or treatment of a child cannot be billed. However, counseling, psychotherapy and diagnostic assessment PARTIAL HOSPITALIZATION SCREENING, CRISIS INTERVENTION, PREHOSPITALIZATION SCREENING may include face-to-face interactions with family members, and/or parent, guardian and significant others of a child, adolescent, OR ADULT when the intended outcome is improved CLIENT functioning AND the service is part of the individualized service plan. ~~Case management may also include contact with individuals other than the client and be billable as a unit of service.~~ J.H

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13. Other diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in the plan. (Continued)

d. Rehabilitative services. (Continued)

1. COMMUNITY MENTAL HEALTH SERVICES PROVIDED BY COMMUNITY MENTAL HEALTH FACILITIES (Continued)

(iii) The billable unit of service criterion is not met nor is coverage available under Medicaid for costs involved when a provider participates in community meetings or group sessions which are not designed to provide mental health services to program users. Examples of such activities include orientation sessions for new clients, mental health presentations to community groups (high school classes, PTA, etc.), and informal presentations about the community mental health program.

PRINCIPLES FOR AWARDING COMMUNITY MENTAL HEALTH CENTER CONTRACTS

- a. The Mental Health Boards must publicly announce through associations or newspapers when they will be in the process of awarding contracts for Community Mental Health Centers.
- b. The applicant agency must be certified by the Ohio Department of Mental Health or accredited by the Joint Commission on the Accreditation of Hospitals.
- c. The applicant agency must have effective, operational referral agreements, particularly for severely mentally disabled persons, to ensure the availability of needed services not available through the applicant agency.

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13. Other diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in the plan. (Continued)

d. Rehabilitative services. (Continued)

1. COMMUNITY MENTAL HEALTH SERVICES PROVIDED BY COMMUNITY MENTAL HEALTH FACILITIES (Continued)

- d. The applicant agency must agree to all responsibilities normally required of a contract agency - including agreement to be audited by the Board and have program quality monitored as it relates to Medicaid reimbursement.
- e. The applicant agency must demonstrate its ability to provide services to all Medicaid recipients in need.
- f. The applicant agency's past performance must be taken into consideration.
- g. The applicant agency must show that methods used to establish costs for services meet the specifications set out in rules governing the program.
- h. A non-selected applicant agency will have an opportunity to request a joint review of the decision by the Ohio Department of Mental Health and the Ohio Department of Human Services.

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13. Other diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in the plan. (Continued)

d. Rehabilitative services (Continued)

2. REHABILITATIVE SERVICES PROVIDED BY ALCOHOL AND DRUG TREATMENT PROGRAMS

Rehabilitative services are alcohol and drug treatment services provided in accordance with 42 CFR 440.130(d) and the certification requirement established by the Ohio Department of Alcohol and Drug Addiction Services.

Covered alcohol and drug addiction services are as follows:

- . Assessment
- . Crisis Intervention
- . Individual and Group Counseling
- . Medical Somatic
- . Drug Screening/Urinalysis
- . Methadone Administration
- . Case Management
- . Intensive Outpatient
- . Ambulatory Medical/Social Detoxification

Covered services must be recommended by a licensed practitioner of the healing arts. Treatment services must be recommended by one of the following:

- . Certified Chemical Dependency Counselor III;
- . Licensed Psychologist;
- . Licensed Professional Clinical Counselor with a declared scope of practice of alcohol and drug addiction counseling;
- . Licensed Professional Counselor with a declared scope of practice of alcohol and drug addiction counseling;
- . Licensed Independent Social Worker with a declared scope of practice of alcohol and drug addiction counseling; or

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13. Other diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in the plan. (Continued)

d. Rehabilitative services (Continued)

2. REHABILITATIVE SERVICES PROVIDED BY ALCOHOL AND DRUG TREATMENT PROGRAMS (Continued)

- . Registered Nurse with a declared scope of practice of alcohol and drug addiction nursing.

The drug screening and urinalysis services must be ordered by a physician to be covered by Medicaid.

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13. Other diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in the plan. (Continued)

d. Rehabilitative services. (Continued)

3. REHABILITATIVE SERVICES PROVIDED BY HABILITATION CENTERS

Rehabilitative services provided hereunder pursuant to the provisions of 42 CFR 440.130(d) are those services provided to Medicaid eligible individuals by nonprofit, public, or proprietary, free-standing Habilitation Centers certified by the Department of Mental Retardation and Developmental Disabilities. The services must be primarily medical in nature and will include preventative, diagnostic, therapeutic, rehabilitative, palliative, or remedial services recommended by a physician, or other practitioner of the healing arts within the scope of his practice under state law.

Covered services are to be provided to individuals who require a coordinated plan of treatment, or who have been certified by the local education agency (LEA) as being in need of professional health services, including medical, remedial, and rehabilitative services to meet their needs and attain their highest possible functional level. Services are to be provided by Habilitation Centers, either directly or through arrangements, to eligible Medicaid recipients residing in their own homes or in supervised residential settings. The covered services are as follows:

Diagnosis/Assessment and Evaluation Services

Treatment Review and Interdisciplinary Treatment Planning

Physician and Nursing Services

Psychological Testing/Evaluation and Therapy Services

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13. Other diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in the plan. (Continued)

d. Rehabilitative services. (Continued)

3. REHABILITATIVE SERVICES PROVIDED BY HABILITATION CENTERS (Continued)

Counseling and Social Work Services

Occupational Therapy Services

Physical Therapy Services

Speech Therapy and Audiology Services

NUTRITION SERVICES

Transportation Services

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14. Services for individuals 65 or older in institutions for mental diseases.

- a. COVERAGE FOR INDIVIDUALS 65 OR OLDER IN INSTITUTIONS FOR MENTAL DISEASES IS LIMITED TO INPATIENT PSYCHIATRIC SERVICES PROVIDED IN PSYCHIATRIC HOSPITALS AND CERTAIN ALCOHOL AND/OR DRUG ABUSE REHABILITATION HOSPITALS THAT ARE LICENSED BY THE STATE DEPARTMENT OF MENTAL HEALTH OR OPERATED UNDER THE STATE MENTAL HEALTH AUTHORITY.

THIRTY (30) DAY LIMITATION PER SPELL-OF-ILLNESS. A SPELL-OF-ILLNESS BEGINS ON THE DAY OF ADMISSION TO A HOSPITAL AND ENDS 60 DAYS AFTER DISCHARGE. DAYS IN EXCESS OF 30 OR ADDITIONAL HOSPITALIZATIONS BEFORE 60 DAYS HAVE PASSED SINCE A PRIOR HOSPITALIZATION CAN BE COVERED IF CERTIFIED BY A HOSPITAL UR COMMITTEE OR PSRO/PRO AS MEDICALLY NECESSARY. MEDICAL NECESSITY FOR ADMISSION AND CONTINUED STAY MUST BE APPROVED BY THE HOSPITAL UTILIZATION REVIEW COMMITTEE OR ITS DESIGNEE, OR BY A PSRO/PRO. ELECTIVE HOSPITAL ADMISSIONS ARE SUBJECT TO PREADMISSION CERTIFICATION UNLESS ELIGIBILITY IS NOT ESTABLISHED AT THE TIME OF ADMISSION. FOR HOSPITALS PAID ON A PROSPECTIVE BASIS, DAYS NOT APPROVED AS MEDICALLY NECESSARY ARE NOT RECOGNIZED IN DETERMINING WHETHER A CASE QUALIFIES FOR ADDITIONAL OUTLIER PAYMENTS.

REIMBURSEMENT FOR INPATIENT HOSPITAL SERVICES IS DESCRIBED IN SECTION 4.19-A OF THE STATE PLAN.

EXCEPT FOR HOSPITALS THAT ARE APPROVED BY MEDICARE TO CHARGE PATIENTS A SINGLE RATE THAT COVERS HOSPITAL AND PHYSICIANS' SERVICES, MEDICAID DOES NOT COVER, AS AN INPATIENT SERVICE, THOSE PHYSICIANS' SERVICES FURNISHED TO INDIVIDUAL PATIENTS. IN DETERMINING WHETHER SERVICES ARE COVERED AS A PHYSICIAN SERVICE OR A HOSPITAL SERVICE, MEDICAID USES THE CRITERIA ADOPTED BY THE MEDICARE PROGRAM AS SET FORTH IN 42 CFR 405, SUBPARTS D AND E.

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14. Services for individuals 65 or older in institutions for mental diseases.

b. Nursing facility services are provided in institutions meeting standards and licensed as a mental nursing home. Placement and continued placement are subject to UR and UR control measures.

c. Intermediate care facility services are provided in certified intermediate care sections. Placement and continued placement are subject to UR and UR control measures.

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