

# OHIO DEPARTMENT OF HUMAN SERVICES AND THE OHIO DEPARTMENT OF MENTAL HEALTH

## INTERAGENCY AGREEMENT A-00-07-261

### I. PURPOSE

This agreement is entered into by the Ohio Department of Human Services (hereinafter "ODHS") and the Ohio Department of Mental Health (hereinafter "ODMH") to establish a subrecipient relationship between the departments with regard to providing access to behavioral health services for Medicaid eligible clients by: providing access to community mental health (CMH) programs and psychiatric hospital services; implementing a statewide surveillance and utilization control program that safeguards against unnecessary or inappropriate use of services and excess payments, assesses the quality and provides for the control of the utilization of those services; developing strategies for managing the Medicaid behavioral health services, including responsibility that may transfer to ODMH; and establishing and maintaining an eligibility verification system which will be part of a claims and encounter system for managing behavioral health care services. This agreement is applicable to those services covered by the Medicaid program as set forth in Title XIX of the Social Security Act and includes the Medicaid expansion as set forth in Title XXI of the Social Security Act. Eligible Medicaid consumers include OWF-related, ABD and AFC placement populations as well as Healthy Start consumers including those uninsured children covered under the federal Children's Health Insurance Program (CHIP). This agreement also authorizes the transfer of federal funds from ODHS to ODMH for those Medicaid services.

### II. DEFINITIONS

- ABD -** Aged, Blind and Disabled is one of the eligibility requirements for Medicaid.
- ADAMH/CMH Board -** Alcohol, Drug Addiction and Mental Health Services Board or Community Mental Health Board established pursuant to Chapter 340 of the Ohio Revised Code.
- AFC -** Foster care recipients placed in out-of-home placement arrangements.
- CHIP -** The Children's Health Insurance Program as set forth in Title XXI of the Social Security Act.
- Community Mental Health Agency -** A CMH agency is an organization which provides community mental health services certified in accordance with Ohio Administrative Code Rules 5122-23 to 5122-29.
- Community Mental Health (CMH) Service -** Medical, psychotherapeutic or rehabilitative services recommended by a physician or other licensed practitioner of the healing arts which raise the level of personal, social, or emotional efficiency of a mentally ill/emotionally disturbed person to enable that person to acquire and maintain skills necessary to cope more effectively with his/her environment and to achieve his/her best possible functional level. Services included are those which are federally approved identified in Chapter 5101:3-27 of the Ohio Administrative Code, and provided in accordance with Ohio Administrative Chapters 5122-23 through 5122-29.
- DSH -** Disproportionate Share Hospital
- FFP -** Federal Financial Participation for a state expenditure.

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<b>FFS -</b>	This refers to those physical health care providers in the ODHS Medicaid fee-for-service system.
<b>FY -</b>	Fiscal Year
<b>HCFA -</b>	Federal Health Care Financing Administration.
<b>HHS -</b>	The federal Department of Health and Human Services
<b>Healthy Start -</b>	One of the ADC-related federal categories used to identify Medicaid eligibility.
<b>HMOs -</b>	These are the health maintenance organizations currently providing health care to Ohio's OWF-related and Healthy Start recipients in mandatory and voluntary managed care counties.
<b>HIC -</b>	Health Insurance Corporation.
<b>IMD -</b>	Institution for Mental Disease
<b>Inpatient -</b>	Refers to psychiatric inpatient services provided in freestanding psychiatric hospitals
<b>MACSIS -</b>	The Multi-Agency Community Services Information System that will serve as the electronic claims and encounter reporting system.
<b>Medicaid -</b>	The health insurance program as set forth in Title XIX of the Social Security Act.
<b>MMIS -</b>	Medicaid Management Information System.
<b>OAC -</b>	Ohio Administrative Code
<b>ODHS -</b>	Ohio Department of Human Services.
<b>ODMH -</b>	Ohio Department of Mental Health
<b>OPAM -</b>	Ohio Public Assistance Manual.
<b>ORC -</b>	Ohio Revised Code
<b>OWF -</b>	Ohio Works First program.
<b>Physician Services -</b>	Those services covered in accordance with Chapter 5101:3-4 of the OAC provided to Medicaid recipients receiving inpatient psychiatric hospital services covered in accordance with OAC 5101:3-2.
<b>PRO -</b>	Peer Review Organization as determined by HCFA.

### III.

#### RESPONSIBILITIES OF THE OHIO DEPARTMENT OF HUMAN SERVICES

##### A. Program Management

###### 1. General

- a. Determine eligibility of Medicaid applicants on a timely basis according to appropriate provisions of state and federal law, regulations and rules, the OPAM, and the Medicaid state plan

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- b. Work with ODMH to provide necessary information and technical assistance when appropriate in order for ODMH to properly discharge its responsibilities under this agreement.
- c. Monitor ODMH performance under this agreement and compliance with applicable state and federal laws, rules and regulations.
- d. Review the State Auditor's A-133 audit of ODMH to ensure that ODMH is properly performing subrecipient monitoring and conducting corrective action follow-up.
- e. Act as the single state agency for Ohio's Medicaid program.
- f. Be responsible for receiving, replying to and arranging compliance with any audit by the appropriate state or federal auditor directly related to the provisions of this agreement.
- g. Promulgate administrative rules and Medicaid state plan amendments related to services provided under this agreement, including CMH services provided by CMH agencies and inpatient psychiatric hospital services rendered by eligible hospitals as defined in this agreement.
- h. The ODHS rules will incorporate a reference to ODMH rules governing the licensing and operation of hospitals that provide inpatient psychiatric services.
- i. ODHS will consult with ODMH in the development and revision of these rules; however, as the single state agency authorized to administer the Medicaid program ODHS will have final approval of administrative rules governing Medicaid services.
- j. ODHS shall work with HMOs and FFS providers to ensure that behavioral health and physical health care is coordinated with Mental Health, Alcohol Drug Addiction and Mental Health, and Alcohol and Drug Addiction Services Boards and other stakeholders.

2. Community Mental Health

- a. Recognize ODMH-certified community mental health agencies as Medicaid providers.
- b. ODHS shall serve as the final arbiter of Medicaid provider agreement disputes by conducting administrative hearings in connection with Chapter 119 of the Revised Code when CMH Medicaid agreements are denied or terminated by both ODMH and the ADAMH/CMH Board to which the community mental health agency has applied or entered into an agreement.
- c. Notify ODMH of providers who have been terminated as Medicaid provider for fraud and abuse.

3. Inpatient Psychiatric Hospitals

- a. Process provider enrollment applications for those hospitals which are determined to be eligible to participate in the Medicaid program in accordance with Chapter 5101:3-2 of the OAC. Refer to Section IV. A. 3 regarding the enrollment of hospitals eligible to participate in the Medicaid program for the provision of inpatient psychiatric hospital services.
- b. Provide ODMH all material which is distributed by ODHS to hospital providers who participate in the Medicaid program. Such material will be provided to ODMH and Medicaid providers at the same time.

4. Utilization Review

- a. Require ODMH, or its designee, to perform a macro-level analysis of clinical and administrative

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data for services reimbursed through the ODMH Community Medicaid program.

- b. Share, as part of its utilization review activities, Medicaid information with ODMH for the purpose of identifying persons with mental health related problems and evaluating the treatment patterns of those persons who receive Medicaid services. Information shared concerning Medicaid consumers will be limited to the following:
  - i. Medical Assistance identification numbers
  - ii. Consumer names and addresses
  - iii. Medical services provided
  - iv. Medical data, including diagnoses and past history of disease and disability
  - v. Agency evaluation of personal information
- c. Share Medicaid information, including claims data, with ODMH and/or its agent for the purpose of evaluating the treatment patterns of inpatient psychiatric hospital patients. Information shared concerning Medicaid recipients will include reports detailed in the current ODHS contract with the utilization review contractor.
- d. In accordance with 42 CFR section 456.3, ODHS is responsible for implementing a statewide surveillance and utilization control program that safeguards against unnecessary or inappropriate use of Medicaid services and excess payments, assesses the quality and provides for the control of the utilization of those services. Pursuant to the provisions in this agreement and in compliance with the federal regulation cited above, ODHS delegates responsibility for implementing, managing, and paying for a statewide utilization control program for inpatient psychiatric services for the period July 1, 1999 and June 30, 2001 to ODMH.
- e. Administer the state hearing process for recipients who wish to contest a preadmission certification determination. Recipients have a right to a state hearing in accordance with OAC 5101:6-1 through 5101:6-9.

#### 5. Managing Behavioral Health Services

- a. Work with ODMH to assist in its development of strategies for managing, promoting and assuring access to Medicaid behavioral health services throughout the state, including responsibility that ODHS may transfer to ODMH upon HCFA approval.
- B. Provide staff assistance and information to ODMH to assist it in its establishment of an eligibility verification system which will be part of a claims and encounter reporting system (MACSIS) for managing these behavioral health care services.

#### B. Fiscal Related

##### 1. Community Mental Health

- a. Operate the MMIS claims system to adjudicate CMH service claims submitted by ODMH.
- b. Transfer Medicaid FFP for appropriately adjudicated CMH service claims. The transfer of FFP under this provision is not subject to the interest provisions of the Ohio Revised Code Section 126.12.
- c. ODHS may suspend payment of claims upon 30 days notice if it reasonably believes ODMH and/or the ADAMH/CMH Boards are not in material compliance with the requirements of this agreement or with state or federal laws or rules which govern the Medicaid program.
- d. Recognize the costs of doing A-133 audits at the CMH agency level when the costs are

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allowable in the development of CMH program rates.

- e. Timely notify ODMH of receipt of any notification from the federal government regarding deferral or disallowance of any claim made for Medicaid services. ODHS shall coordinate the State's response with ODMH regarding any such notifications within the time limits prescribed by the notice.
- f. Upon receipt of any notice of a disallowance or deferral under 45 CFR part 201, Subpart B of a claim including any penalties assessed for Medicaid services furnished pursuant to this contract, ODHS will reduce by an amount equal to the amount disallowed or deferred, payments made in response to ODMH monthly invoices until such time as the full amount is recovered.
- g. Cooperate with ODMH in preparing appeals of adverse federal audit exceptions, when ODHS considers an appeal is warranted. If subsequently ODHS' or ODMH' position is upheld on appeal, funds withheld from deferral or audit exceptions shall be restored to ODMH upon availability of FFP.

## 2. Inpatient Psychiatric Hospital

- a. Process claims (invoices) from eligible private psychiatric hospital providers for covered services, determine a per-discharge payment in accordance with Chapter 5101:3-2 of the OAC, and generate provider-specific Remittance Advices on a weekly basis. ODHS will designate ODMH as the "Pay To" address on each provider's ODHS Provider Enrollment record. ODHS will not make payments to private psychiatric hospital providers.
- b. Claims or services provided by public psychiatric hospitals will be processed for payment within 10 days of receipt of the claim from ODMH. ODHS will designate ODMH as the "Pay To" address on each provider's ODHS Provider Enrollment record. ODHS will not make payments to public psychiatric hospitals.
- c. Transfer the FFP for public and private psychiatric hospital inpatient services and for public and private psychiatric hospital crossover payments for Medicare Part A- Inpatient and Part B- Ancillary claims to ODMH, through an intrastate transfer voucher (ISTV), pursuant to the State's guidelines for cash management and federal claiming. The transfer of FFP under this provision is not subject to the interest provision of the Ohio Revised Code (ORC) Section 126.12.
- d. Reimburse ODMH, upon proper invoicing and preparation of an Intra-State Transfer Voucher, the current rate of FFP for services provided in accordance with Chapter 5101:3-2 of the Administrative Code. Such reimbursement shall occur after receipt of FFP from HCFA by ODHS.
- e. Reimburse ODMH, upon proper invoicing and preparation of an Intra-State Transfer Voucher, the appropriate rate of FFP for administrative expenses. Such reimbursement shall occur after receipt of FFP from HCFA by ODHS.
- f. Provider assistance to ODMH regarding claim status inquiries.
- g. Decline to make payment for outstanding services if ODMH fails to provide information or access to audit as specified in Section IV.B. 2. f, g, and h.
- h. Process claims (invoices) for physician services provided to Medicaid recipients in public psychiatric hospitals, and generate and transmit a Remittance Advice.

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- i. Transfer funds to ODMH for the total IMD-DSH payment(s) that must be made to private psychiatric hospitals that qualify for IMD-DSH adjustments in accordance with rule 5101:3-2-10 of the OAC.
- j. Reimburse administrative costs allowed by HCFA for the Utilization Review program at 75% of the FFP if ODMH enters into a contract with a Medicare PRO or organization deemed PRO-like. ODHS will reimburse such costs at 50% of the FFP if ODMH contracts with a non-Medicare PRO.

### 3. Managing Behavioral Health Services

- a. Administrative costs allowed by HCFA for the implementation of MACSIS will be reimbursed at the prevailing FFP rate. The Office Management and Budget Circular A-87 will be used for determining reasonable costs.
- b. Reimburse ODMH, upon proper invoicing and preparation of an Intra-State Transfer Voucher, the administrative rate of FFP for services provided including reimbursement for the implementation and operation of MACSIS (Multi-Agency Community Services Information System). Such reimbursement shall occur after receipt of FFP from HCFA by ODHS.

## IV.

### RESPONSIBILITIES OF OHIO DEPARTMENT OF MENTAL HEALTH

#### A. Program Related

##### 1. General

- a. Take any action necessary not expressly prohibited by state or federal law or regulations to assure compliance with the requirements of this Medicaid agreement, the Medicaid state plan, ODHS administrative rules, and the federal Medicaid regulations.
- b. Perform monitoring of its subrecipients and conduct corrective follow-up actions as necessary.
- c. Carry out its responsibilities specified in this interagency agreement as a subrecipient.
- d. Assure the maintenance of records in accordance with federal regulations. ODMH shall also assume the maintenance of records necessary to fully disclose the extent and nature of CMH services provided by all participating CMH agencies for a period of six years after reimbursement for services. If an audit has been started, the records shall be retained until the audit is completed and all exceptions are resolved. ODMH shall assure that all records are available upon request from ODHS, the State Auditor, HCFA, and/or any duly authorized representative for audit purposes. Such records shall include but not be limited to:
  - i. Client information
  - ii. Description of discrete components for each service contact
    - Date and time of services
    - Duration of services
    - Site of services, if other than site certified
    - A narrative description of the mental health interventions and activities of the service
    - Other progress note requirements contained in Section 5122-27-04(I) of the OAC
    - Signature and discipline of direct care staff providing the services

The duration must be exact when noted in the Individualized Client Record.

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- e. Establish requirements for ADAMH/CMH Boards and CMH agencies which provide CMH services covered under this agreement to ensure compliance with the provisions of this agreement and all the requirements of federal or state law or rules governing the Medicaid program. Such requirements may be implemented through Medicaid agreements between ODMH and ADAMH/CMH Boards and between ADAMH/CMH Boards and CMH agencies.
- f. Assure that CMH services provided under this agreement are certified by ODMH in accordance with Ohio Administrative Code Chapter 5101:3-27 and Chapters 5122-23 through 5122-29. Certification and documentation activity shall be performed in accordance with 42 CFR 440.130(d) and 42 CFR 431.610(f).
- g. Assure that private psychiatric hospitals meet licensure requirements to provide inpatient psychiatric care in Ohio and thus be eligible to receive federal Medicaid funding.
- h. Assist ODHS in the development of administrative rules and state plan amendments.
- i. Work with the Mental Health, Alcohol Drug Addiction and Mental Health, and Alcohol Drug Addiction Services Boards to ensure that behavioral health and physical health care and services delivery is coordinated with HMOs, HMO and FFS physical health providers and other stakeholders.
- j. Inform providers eligible for Medicaid participation pursuant to rule 5101:3-30-01 of the Administrative Code, to cooperate with Health Insurance Corporations (HICs) or similar entities which enter into contracts with ODHS to provide medical care on a risk basis to eligible consumers participating in Ohio's Medical Assistance programs as set forth in Chapters 5101:3-26 and 5101:3-36 of the Administrative Code. The scope of that cooperation shall include but not be limited to those matters pertaining to:
  - i. Service delivery protocols
  - ii. Quality assurance
  - iii. Utilization review
  - iv. Record keeping and reporting
  - v. Other activities including, but not limited to, those identified in 42 CFR 434; Chapter 5101:3-26 of the Ohio Administrative Code; and the Risk Contract between ODHS and the HIC or similar entity as set forth in Ohio Administrative Code 5101:3-26. ODMH shall notify providers contracting with local Boards to participate in evaluations and audits authorized by ODHS, HCFA, the Comptroller General of the United States, the State Auditor or their duly authorized representatives relative to evaluating the quality, appropriateness, and timeliness of services provided to eligible consumers receiving services pursuant to this agreement and the agreement between ODHS and its risk based contractors.

**2. Community Mental Health**

- a. Promulgate rules regarding standards of participation of CMH agencies.
- b. Assure that ODMH-certified CMH agencies have the right to appeal adverse decisions and that ODMH makes timely review determinations regarding appeals by CMH agencies in instances of actions by ADAMH/CMH Boards to deny or terminate community mental health Medicaid agreements. ODMH must issue its determinations on appeal by CMH agencies within forty-five (45) days of receiving an appeal request. If ODMH determines that an agreement should be awarded or not terminated, ODMH will require the Board to award or continue the agreement. If ODMH affirms the denial or termination, it will forward the appeal to ODHS to hold an administrative hearing on the matter. ODMH shall assure that CMH agencies do not experience unnecessary delays in receiving decisions on Medicaid agreements from ADAMH/CMH Boards.

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A CMH agency which has submitted all information to make a decision on a Medicaid agreement may appeal a delay as it would an adverse determination.

- c. Assure that fundamental Medicaid requirements including but not limited to those enumerated below are stipulated and adhered to in Medicaid agreements between ODMH and ADAMH/CMH Boards, and between ADAMH/CMH Boards and CMH agencies.
  - i. ODMH and ADAMH/CMH Boards must adhere to the provisions of 42 CFR 431.51 "Free Choice of Providers". This means that a CMH agency certified by ODMH that meets the information system reporting and financial documentation requirements established by ODMH must be awarded an agreement by the ADAMH/CMH Board. Additionally, an ADAMH/CMH Board is not permitted to deny an agreement to a CMH agency on the basis of the county in which the program is located. Additionally, a Medicaid consumer cannot be denied access to mental health services from any CMH agency providing services under this agreement. ODMH shall establish methods to ensure that an ADAMH/CMH Board makes timely payments to any eligible provider which serves residents of the Board's service district, irrespective of the county in which the provider is located. The ADAMH/CMH Board Agreement with ODMH shall establish the Board's authority to make such payments. Residency determinations shall be made pursuant to guidelines established by ODMH.
  - ii. Neither ODMH nor any ADAMH/CMH Board is permitted to take any action to limit the amount, duration, or scope of services provided under this agreement except to the extent such limits are established in the Medicaid state plan or in administrative rules promulgated by ODHS.
- d. Provide for disclosure of survey information as required in 42 CFR 431.115.
- e. Permit CMH agencies to subcontract for the provision of services herein. Those subcontractors/contractors who are not currently Medicaid providers must not have been terminated from the Medicaid program for suspected or proven abuse or fraud.
- f. All subcontractors are subject to the terms of this agreement and the CMH agency shall be fully responsible for the performance of any subcontractor. An ADAMH/CMH Board may not require a qualified CMH agency who seeks a direct Medicaid agreement with the ADAMH/CMH Board to subcontract in lieu of a direct Medicaid agreement.
- g. Assure that the ODMH Medicaid standard form contract and ODHS Provider Agreement attached herein are used by ADAMH/CMH Boards and are not subject to alteration or amendment in any way.

### 3. Inpatient Psychiatric Hospitals

- a. Advise and assist ODHS in verifying that applicants meet requirements for participation in the Medicaid program and forward completed application to ODHS for assignment of a Medicaid provider number.
- b. Advise and assist ODHS in determining if out-of-state hospitals are qualified psychiatric hospitals; if services they provide are available in Ohio; and, if the patient's needs are of an emergency nature.
- c. Provide to ODHS all material which is distributed by ODMH to hospital providers who participate in the Medicaid program. Such material will be provided to ODHS and Medicaid providers at the same time.

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**4. Utilization Review**

- a. Establish statewide standards and guidelines for performing utilization analysis for CMH services. Cases selected for retrospective review will be based on paid claims data where the annual reimbursement for an individual recipient exceeds established thresholds.
- b. Review, upon written request by ODHS or its designee, Medicaid information and advise ODHS or its designee regarding treatment patterns of persons with mental health related problems and the cost and/or expenditures for such treatment patterns. The confidentiality requirements set forth in Article VI F of the agreement must be followed.
- c. As part of its utilization review activities, ODMH will share Medicaid information with ODHS for the purpose of evaluating the treatment patterns of inpatient psychiatric hospital patients. Information shared concerning Medicaid recipients will include reports detailed in an ODMH contract with a utilization review contractor.
- d. Perform utilization review (retrospective/postpayment review) functions for providers of inpatient psychiatric hospital services according to the terms of this agreement. Reviews may include services rendered in general hospital psychiatric units and psychiatric hospitals.
- e. Perform preadmission certification functions for psychiatric admissions as described in this agreement.
- f. Administer the provider appeals process for preadmission certification and postpayment review in accordance with ODHS rules.
- g. At the request of ODHS, ODMH's (or its contractual designee's) physician reviewers and other staff will provide assistance by telephone or in writing for hearing and prehearing activities. ODMH will make all reasonable attempts to provide ODHS staff with the information necessary to conduct a hearing and provider for the appropriate presentation of the information which resulted in the denial of services or payment. In addition, ODMH physician reviewers or other staff may be available by telephone or in person when considered appropriate by ODHS.
- h. ODMH, or its contractual designee, will provide ODHS assistance by telephone or in writing for any client appeals.

**5. Managing Behavioral Health Services**

- a. ODMH shall develop strategies for managing, promoting and assuring access to Medicaid behavioral health services throughout the state, including responsibility that ODHS may transfer to ODMH. Strategies may include, inter alia, the implementation of an RFP vendor selection process or the development of alternative payment structures.
- b. ODMH, in conjunction with ODADAS, shall establish MACSIS, a claims and encounter reporting system including Medicaid eligibility verification which supports the management of the services responsibility transferred to both departments.

**B. Fiscal Related**

**1. Community Mental Health**

- a. Process claims submitted by participating CMH agencies in accordance with federal regulations and MMIS requirements. CMH agencies will be required to submit claims using the electronic HCFA 1500 format.
- b. Submit a machine readable tape to ODHS in a data processable format and submit this tape

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at the same time any other tape is submitted by ODMH to ODHS for Title XIX processing.

- c. Submit all claims within 365 days from the date of service to be considered an allowable claim. Any claim submitted with a service date of 365 days or older will be rejected as a non-reimbursable service, unless the provisions of rule 5101:3-10-07(F)(1), (2) or (3) apply. Claims submitted under this agreement are not subject to the interest provisions of ORC Section 126.12.
- d. Assure that ADAMH/CMH Boards make payment in full for claims submitted prior to claiming FFP. The sole exception is when a government entity is provider.
- e. Assure cost reconciliation of reimbursed service costs is performed in accordance with 5101:3-27-05 of the Ohio Administrative Code. Maintain sufficient detail at each CMH agency to document payments and justify an audit trail to the discrete unit of service and its unit price. ODMH and each CMH agency must maintain necessary records to substantiate any claims made.
- f. Establish a prospective rate for each type of Medicaid covered service and bill the rate per person per date of service. Reimbursable covered services must be filed in the Ohio Administrative Code and be approved by HCFA through the Medicaid state plan.
- g. Accept any reduction pursuant to 45 CFR Part 201, Subpart B. Funds will be withheld as outlined in Article VI J of this agreement.
- h. Make payments for Medicare co-insurance and deductible claims processed by ODHS and determined to be payable to a CMH agency paid for CMH services under this agreement. It is understood that for these services ODMH assumes no responsibility for assuring compliance with Medicare or Medicaid requirements.
- i. Ensure that audit exceptions are responded to in the manner enumerated below.
  - i. ODMH shall provide to ODHS any information which is necessary to respond to any audit exception.
  - ii. ODMH shall pay to ODHS the full amount of any liability against Title XIX from the federal government resulting from such adverse audit exception generated by provisions of this contract, except when it has been established that the loss of the FFP was caused by ODHS.
- j. Submit invoice via Intra-State Transfer Voucher, or a form specified by ODHS, for administrative costs incurred in the administration of this program, if the following conditions are met:
  - i. Only direct costs can be claimed for full-time employees or contract employees 100% of whose contract time is spent on Medicaid activities.
  - ii. Prior federal approval is obtained for indirect costs claimed under this contract including data processing expenses associated with the processing of claims submitted for participating CMH agencies in accordance with federal regulations and MMIS requirements.
  - iii. Sufficient documentation must be submitted with the billing to justify the amount.
  - iv. Administrative costs will be reimbursed at the prevailing FFP rate.

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