

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

- d. Rehabilitative services

The following individuals are eligible to provide all components of assessment, including diagnosing, while under supervision: licensed marriage and family therapist, professional counselor, licensed social worker, counselor trainee, or a licensed chemical dependency counselor III.

Eligible Providers:

The following individuals are eligible to provide all components of assessment, excluding diagnosing, while under supervision: licensed practical nurse, chemical dependency counselor assistant, licensed chemical dependency counselor II, psychology assistant, social work assistant, licensed school psychologist, certified school psychologist and students enrolled in an accredited educational institution in Ohio and performing an internship or field placement.

Assessment is measured and reported on a one hour unit basis. Fractions of this unit are allowed in six minute increments represented by tenths.

Crisis Intervention

Service Description:

Crisis intervention as defined in paragraph (L) of rule 3793:2-1-08 of the Ohio Administrative Code. A crisis intervention service is a face-to-face interaction with a client that is in response to a crisis or emergency situation experienced by the client, a family member and/or significant other. Crisis intervention begins with an evaluation of what happened during the crisis and the individual's response or responses to it. An individual's reaction to a crisis can include emotional reactions (such as fear, anger, guilt, anxiety, grief), mental reactions (such as difficulty concentrating, confusion, nightmares), physical reactions (such as headaches, dizziness, fatigue, stomach problems), and behavioral reactions (sleep and appetite problems, isolation, restlessness). Information about the individual's strengths, coping skills, and social support networks is also obtained.

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

d. Rehabilitative services

(d) Crisis intervention as needed.

- (3) Group counseling shall be provided each day intensive outpatient services are offered.

Eligible Providers:

The following individuals are eligible to provide all components of intensive outpatient and may supervise other providers of components of intensive outpatient: physician, clinical nurse specialist, registered nurse, certified nurse practitioner, psychologist, professional clinical counselor, licensed independent social worker, licensed independent marriage and family therapist, licensed independent chemical dependency counselor and licensed chemical dependency counselor III.

The following individuals are eligible to provide all components of intensive outpatient while under supervision: licensed practical nurse, chemical dependency counselor assistant, licensed chemical dependency counselor II, psychology assistant, professional counselor, licensed social worker, counselor trainee, licensed marriage and family therapist, licensed school psychologist, certified school psychologist and students enrolled in an accredited educational institution in Ohio and performing an internship or field placement.

The following individual may provide all components of intensive outpatient, excluding individual and group counseling, while under supervision: social work assistant.

Intensive outpatient is measured and reported on a one day unit and, therefore, fractions of this unit are not allowed.

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

d. Rehabilitative services

Opioid Agonist Administration

Service Description:

Opioid Agonist Administration as defined in paragraph (T) of rule 3793:2-1-08 of the Ohio Administrative Code. Opioid agonist administration means the administration or dispensing of opioid agonist to an individual only for the treatment of narcotic addiction by an alcohol and other drug treatment program licensed by the Ohio Department of Alcohol and Drug Addiction Services as an opioid agonist program in accordance with section 3793.11 of the Revised Code. Opioid agonist shall be administered and/or dispensed at a program site which is certified as a treatment program by the Ohio Department of Alcohol and Drug Addiction Services and is approved by the U.S. Food and Drug Administration for the use of opioid agonist in the treatment of narcotic addiction.

Eligible Providers:

The following individuals are eligible to provide opioid agonist administration: a physician, a certified nurse practitioner, a clinical nurse specialist, a registered nurse or a licensed practical nurse who has proof of completion of a course in medication administration approved by the Ohio Board of Nursing. Opioid agonist administration is measured and reported on a per dose unit and, therefore, there are no fractions of this unit.

Limitations

The following services are limited to 30 cumulative hours when provided to the same person per week, Sunday through Saturday:

- (1) Group Counseling,
- (2) Individual Counseling, and
- (3) Medical/Somatic.

Beneficiaries younger than age twenty-one can access community alcohol and drug treatment services beyond established limits when medically necessary.

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TARGETED CASE MANAGEMENT SERVICES

Medicaid-eligible individuals receiving alcohol or substance use disorder treatment services from an ODADAS certified or licensed AoD treatment program

Target Group (42 Code of Federal Regulations 441.18(8)(i) and 441.18(9)):

[Describe target group and any subgroups. If any of the following differs among the subgroups, submit a separate State plan amendment describing case management services furnished; qualifications of case management providers; or methodology under which case management providers will be paid.]

The target group is Medicaid eligible individuals, regardless of age, who are receiving alcohol or substance use disorder treatment services from an Ohio Department of Alcohol and Drug Addiction Services (ODADAS) certified or licensed Alcohol and Other Drug (AoD) treatment program.

- Target group includes individuals transitioning to a community setting. Case management services will be made available for up to 180 *[insert a number; not to exceed 180]* consecutive days of a covered stay in a medical institution. The target group does not include individuals between ages 22 and 64 who are served in Institutions for Mental Disease or individuals who are inmates of public institutions. (State Medicaid Directors Letter (SMDL), July 25, 2000)

Areas of State in which services will be provided (§1915(g)(1) of the Act):

- Entire State
 Only in the following geographic areas: *[Specify areas]*

Comparability of Services (§§1902(a)(10)(B) and 1915(g)(1))

- Services are provided in accordance with §1902 (a)(10)(B) of the Act.
 Services are not comparable in amount, duration, and scope (§1915(g)(1)).

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Definition of Services (42 CFR 440.169): Targeted case management services are defined as services furnished to assist individuals, eligible under the State Plan, in gaining access to needed medical, social, educational, and other services. Targeted Case Management includes the following assistance:

- ❖ Comprehensive assessment and periodic reassessment of individual needs, to determine the need for any medical, educational, social or other services. These assessment activities include:
 - Taking client history;
 - Identifying the individual's needs and completing related documentation; and
 - Gathering information from other sources such as family members, medical providers, social workers, and educators (if necessary), to form a complete assessment of the eligible individual.

[Specify and justify the frequency of assessments.]

Reassessment will occur at least 90 days from the completion of the initial assessment and at least once every 90 days following each reassessment.

- ❖ Development (and periodic revision) of a specific care plan that is based on the information collected through the assessment that:
 - Specifies the goals and actions to address the medical, social, educational, and other services needed by the individual;
 - Includes activities such as ensuring the active participation of the eligible individual, and working with the individual (or the individual's authorized health care decision maker) and others to develop those goals; and
 - Identifies a course of action to respond to the assessed needs of the eligible individual.
- ❖ Referral and related activities (such as scheduling appointments for the individual) to help the eligible individual obtain needed services including:
 - Activities that help link the individual with medical, social, educational providers, or other programs and services that are capable of providing needed services to address identified needs and achieve goals specified in the care plan; and
- ❖ Monitoring and follow-up activities:
 - Activities and contacts that are necessary to ensure the care plan is implemented and adequately addresses the eligible individual's needs, and which may be with the individual,

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family members, service providers, or other entities or individuals and conducted as frequently as necessary, and including at least one annual monitoring, to determine whether the following conditions are met:

- Services are being furnished in accordance with the individual's care plan;
- Services in the care plan are adequate; and
- Changes in the needs or status of the individual are reflected in the care plan. Monitoring and follow-up activities include making necessary adjustments in the care plan and service arrangements with providers.

[Specify the type of monitoring and justify the frequency of monitoring.]

The frequency of monitoring is, at the minimum, annual. The type of monitoring is unique to each individual as determined by the individual's targeted case management plan of care. Monitoring may be in person or by electronic forms of communication.

- Case management includes contacts with non-eligible individuals that are directly related to identifying the eligible individual's needs and care, for the purposes of helping the eligible individual access services; identifying needs and supports to assist the eligible individual in obtaining services; providing case managers with useful feedback, and alerting case manager to changes in the eligible individual's needs. (42 CFR 440.169(e))

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Qualification of providers (42 CFR 441.18(a)(8)(v) and 42 CFR 441.18(b)):

[Specify provider qualifications that are reasonably related to the population being served and the case management services furnished.]

Providers will be agencies operating programs that have been certified by the Ohio Department of Alcohol and Drug Addiction Services. As employees of these agencies the following types of professionals, licensed to practice in accordance with Ohio law, are eligible to provide all components of targeted case management and may supervise other providers of case management: physician, clinical nurse specialist, registered nurse, certified nurse practitioner, psychologist, professional clinical counselor, licensed independent social worker, licensed independent marriage and family therapist, licensed independent chemical dependency counselor and licensed chemical dependency counselor III.

The following individuals are eligible to provide all components of targeted case management while under supervision: licensed practical nurse, chemical dependency counselor assistant, licensed chemical dependency counselor II, psychology assistant, professional counselor, licensed social worker, social work assistant, counselor trainee, licensed marriage and family therapist, licensed school psychologist, certified school psychologist, students enrolled in an accredited educational institution in Ohio and performing an internship or field placement, and care management specialists.

Physicians must be licensed by the state of Ohio Medical board and must demonstrate experience and/or training in substance use disorder treatment.

Clinical nurse specialists and certified nurse practitioners must be licensed and certified by the state of Ohio nursing board and must demonstrate experience and/or training in substance use disorder treatment. Clinical nurse specialists are required to have a Master's degree.

Psychologists must be licensed by the state of Ohio board of psychology and must demonstrate competence in substance use disorder treatment. Psychologists are required to have a doctoral degree or its equivalent.

Psychology assistants must practice under the supervision of a psychologist licensed by the state of Ohio board of psychology and must demonstrate competence in substance use disorder treatment.

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Professional clinical counselors must be licensed by the state of Ohio counselor, social worker, and marriage & family therapist board and must have a professional disclosure statement that includes substance abuse assessment and counseling. Professional clinical counselors are required to have a Master's degree.

Professional counselors must be licensed by the state of Ohio counselor, social worker, and marriage & family therapist board and must have a professional disclosure statement that includes substance abuse assessment and counseling. Professional counselors are required to have a Bachelor's or Master's degree.

Licensed independent social workers must be licensed by the state of Ohio counselor, social worker, and marriage & family therapist board and must have a professional disclosure statement that includes substance abuse assessment and counseling. Licensed independent social workers are required to have a Master's degree.

Licensed social workers must be licensed by the state of Ohio counselor, social worker, and marriage & family therapist board and must have a professional disclosure statement that includes substance abuse assessment and counseling. Licensed social workers are required to have a Bachelor's or Master's degree.

Licensed marriage and family therapists must be licensed by the state of Ohio counselor, social worker and marriage & family therapist board and must have a professional disclosure statement that includes substance abuse assessment and counseling. Licensed marriage and family therapists are required to have a Master's degree.

Licensed independent marriage and family therapists must be licensed by the state of Ohio counselor, social worker, and marriage & family therapist board and must have a professional disclosure statement includes substance abuse assessment and counseling. Licensed independent marriage and family therapists are required to have a Master's degree.

Chemical dependency counselor assistants must be certified by the Ohio chemical dependency professionals board and must be under clinical supervision by either a Physician, a Psychologist, a Professional clinical counselor, a Licensed independent social worker, a Registered nurse, a Licensed independent chemical dependency counselor, or a Licensed independent marriage and family therapist. Chemical

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dependency counselor assistants must have Forty (40) hours of approved education in chemical dependency counseling/clinical methods.

Licensed chemical dependency counselor IIs must be licensed by the Ohio chemical dependency professionals board and must be under clinical supervision by either a Physician, a Psychologist, a Professional clinical counselor, a Licensed independent social worker, a Registered nurse, a Licensed independent chemical dependency counselor, or a Licensed independent marriage and family therapist. Licensed chemical dependency counselor IIs must have Associate's degree in a behavioral science OR a Bachelor's degree in any field.

Licensed chemical dependency counselor IIIs must be licensed by the Ohio chemical dependency professionals board and must be under clinical supervision by either a Physician, a Psychologist, a Professional clinical counselor, a Licensed independent social worker, a Registered nurse, a Licensed independent chemical dependency counselor or a Licensed independent marriage and family therapist. Licensed chemical dependency counselor IIIs must have a minimum of a Bachelor's degree in a behavioral science.

Licensed independent chemical dependency counselors must be licensed by the Ohio chemical dependency professionals board. Licensed independent chemical dependency counselors must have a minimum of a Master's degree in a behavioral science.

Registered nurses must be registered with the Ohio board of nursing and must demonstrate experience and/or education in substance use disorder treatment. Registered nurses must have an Associate's or Bachelor's degree.

Licensed practical nurses must be licensed by the Ohio board of nursing to practice as a licensed practical nurse and must demonstrate experience and/or education in substance use disorder treatment. Licensed practical nurses must have an Associate's or Bachelor's degree.

School psychologists must be licensed to practice school psychology by the Ohio board of psychology and must demonstrate competence in substance use disorder treatment. Licensed school psychologists must have either a Master's or Doctorate degree.

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School psychologists must be certified by the Ohio board of psychology and must demonstrate competence in substance use disorder treatment.

Social work assistants must be registered with the state of Ohio counselor, social worker, and marriage and family therapist board and must demonstrate experience and/or education in substance use disorder treatment and must be supervised by an individual who is qualified to supervise and to be an alcohol and drug treatment services supervisor pursuant to the Ohio counselor, social worker, and marriage and family therapist board.

Counselor trainees must be registered with the state of Ohio counselor, social worker, and marriage and family therapist board and must demonstrate experience and/or education in substance use disorder treatment and must be supervised by an individual who is qualified to supervise and to be an alcohol and drug treatment services supervisor pursuant to the Ohio counselor, social worker, and marriage and family therapist board.

Students enrolled in an accredited educational institution in Ohio performing an internship or field placement and must be under appropriate clinical supervision either by a Physician, a Psychologist, a Professional clinical counselor, a Licensed independent social worker, a Registered nurse, a Licensed independent chemical dependency counselor or a Licensed independent marriage and family therapist. A student shall hold himself out to the public only by clearly indicating his student status and the profession in which he is being trained.

Care management specialists must have received training for or education in alcohol and other drug addiction, abuse, and recovery and who has demonstrated, prior to or within ninety (90) days of hire, competencies in fundamental alcohol and other drug addiction, abuse, and recovery. Fundamental competencies shall include, at a minimum, an understanding of alcohol and other drug treatment and recovery, how to engage a person in treatment and recovery and an understanding of other healthcare systems, social service systems, and the criminal justice system.

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Freedom of choice (42 CFR 441.18(a)(1)):

The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.

1. Eligible individuals will have free choice of any qualified Medicaid provider within the specified geographic area identified in the plan.
2. Eligible individuals will have free choice of any qualified Medicaid providers of other medical care under the plan.

Freedom of choice Exception (§1915(g)(1) and 42 CFR 441.18(b)):

- Target group consists of eligible individuals with developmental disabilities or with chronic mental illness. Providers are limited to qualified Medicaid providers of case management services capable of ensuring that individuals with developmental disabilities or with chronic mental illness receive needed services. *[Identify any limitations to be imposed on the providers and specify how these limitations enable providers to ensure that individuals within the target groups receive needed services.]*

Access to Services (42 CFR 441.18(a)(2), 42 CFR 441.18(a)(3), 42 CFR 441.18(a)(6)):

The State assures the following:

- Case management (including targeted case management) services will not be used to restrict an individual's access to other services under the plan.
- Individuals will not be compelled to receive case management services, condition receipt of case management (or targeted case management) services on the receipt of other Medicaid services, or condition receipt of other Medicaid services on receipt of case management (or targeted case management) services; and
- Providers of case management services do not exercise the agency's authority to authorize or deny the provision of other services under the plan.

Payment (42 CFR 441.18(a)(4)):

Payment for case management or targeted case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

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Case Records (42 CFR 441.18(a)(7)):

Providers maintain case records that document for all individuals receiving case management as follows:

- (i) The name of the individual;
- (ii) The dates of the case management services;
- (iii) The name of the provider agency (if relevant) and the person providing the case management service;
- (iv) The nature, content, units of the case management services received and whether goals specified in the care plan have been achieved;
- (v) Whether the individual has declined services in the care plan;
- (vi) The need for, and occurrences of, coordination with other case managers,
- (vii) A timeline for obtaining needed services;
- (viii) A timeline for reevaluation of the plan.

Limitations:

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §441.169 of the Act when the case management activities are an integral and inseparable component of another covered Medicaid service (State Medicaid Manual (SMM) 4302.F).

Case management does not include, and FFP is not available in expenditures for, services defined in §441.169 when the case management activities constitute the direct delivery of underlying medical, educational, social, or other services to which an eligible individual has been referred, including for foster care programs, services such as, but not limited to, the following: research gathering and completion of documentation required by the foster care program; assessing adoption placements; recruiting or interviewing potential foster care parents; serving legal papers; home investigations; providing transportation; administering foster care subsidies; making placement arrangements. (42 CFR 441.18(c))

FFP only is available for case management services or targeted case management services if there are no other third parties liable to pay for such services, including as reimbursement under a medical, social, educational, or other program except for case management that is included in an individualized education program or individualized family service plan consistent with §1903 (c) of the Act. (§§1902(a)(25) and 1905(c))

[Specify any additional limitations.]:

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

2. Rehabilitative services provided by alcohol and other drug treatment programs

Each community alcohol and other drug treatment program shall maintain a schedule of usual and customary charges for all community alcohol and other drug treatment services it provides. The program shall use its usual and customary charge schedule when billing community Medicaid for rendered services. Payments for covered services will be based on the lesser of the charged amount or the Medicaid maximum amount for the rendered service according to the department's service fee schedule.

As a condition of participation, all Medicaid providers of alcohol and other drug treatment services must have a current "Ohio Health Plans Provider Enrollment Application/Time Limited Agreement for Organizations". Providers agree to comply with state statutes, Ohio Administrative Code rules, and Federal statutes and rules. This includes compliance with Ohio Administrative Code rule related to the annual submission of a cost report and related information to the Ohio Department of Alcohol and Drug Addiction Services (ODADAS). ODADAS will provide this information to the Ohio Department of Job and Family Services on an annual basis and in accordance with the requirements of the interagency agreement between the two departments. Future fee schedule updates will be based upon this information.

Except as otherwise noted in the plan, state-developed fee schedule rates for these services are the same for both governmental and private providers. The fee schedule rates are effective for services provided on or after October 4, 2010. Rates and fees can be found by accessing the agency's website at:
<http://jfs.ohio.gov/OHP/provider.stm>.

The unit of service definitions can be found by accessing the agency's website at:
<http://jfs.ohio.gov/OHP/provider.stm>.

The State shall not claim FFP for any non-institutional service provided to individuals who are residents of facilities that meet the Federal definition of an institution for mental diseases or a psychiatric residential treatment facility as described in Federal regulations at 42 CFR 440.140 and 440.160 and 42 CFR 441 Subparts C and D.

The State shall not claim FFP for any services rendered by providers who do not meet the applicable Federal and/or State definition of a qualified Medicaid provider.

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

With respect to individuals who are receiving rehabilitation services as residents of facilities, the State shall not claim FFP for room and board and for non-Medicaid services as a component of the rate for services authorized by this section of the plan (Attachment 4.19-B, Item 13-d-2, page 2 of 2). The rates in the department's service fee schedule as authorized by this plan amendment shall be set using methods that ensure the rates do not include costs not directly related to the provision of Medicaid services such as costs associated with the cafeteria. Only those facility (direct or indirect) costs that can be identified as directly supporting the provision of the non-institutional services will be included in the rates.

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19. Case management services and Tuberculosis related services.

- a. Methods and standards for payment/reimbursement of case management services as defined in, and to the group specified in, Supplement 1 to Attachment 3.1-A Target Group F: ODADAS (in accordance with Section 1905(a)(19) of Section 1915(g) of the Act).

Rate(s):

The unit rate of \$ 78.17 per hour was derived by using provider cost data for state fiscal year 2006. The analysis showed that the proposed rate was within a reasonable range when compared to both the average and median unit cost, with some falling below and some falling above. The reimbursement methodology is as follows:

- 1) If the total number of service units rendered and billed by a provider per date of service to a unique client is less than or equal to 1.5, the Medicaid payment amount is equal to the unit rate according to the department's service fee schedule multiplied by the number of units billed or the provider billed amount based upon their established usual and customary charge, whichever is less.
- 2) If the total number of service units rendered and billed by a provider per date of service to a unique client is greater than 1.5, the Medicaid payment amount is equal to the sum of:
 - The unit rate according to the department's service fee schedule multiplied by 1.5; and
 - Fifty percent of the unit rate according to the department's service fee schedule multiplied by the difference between the total number of units billed minus 1.5.

The number of units that may be billed during a day is equivalent to the total number of minutes of TCM provided during the day from a specific provider for a specific individual divided by sixty plus one additional tenth of a unit if the remaining number of minutes is at least four (4) minutes.

Unit Definition:

A unit of service is equivalent to one hour and may be billed in tenth of an hour (six minute) increments.

A tenth of a unit may be billed if the individual receives more than four (4) minutes of service.

Claims Payment Process:

Providers will submit claims to the Ohio Department of Job and Family Services (ODJFS). The ODJFS will process the claims and reimburse the providers at 100%.

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