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State/Territory Name: Ohio

State Plan Amendment (SPA) #: 25-0023

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Form CMS-179
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

601 E. 12th St., Room 355

Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

February 23, 2026

Scott R. Partika, Director
Ohio Department of Medicaid
P.O. Box 182709
50 West Town Street, Suite 400
Columbus, Ohio 43218

Re: Ohio State Plan Amendment (SPA) - 25-0023

Dear Director Partika:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) OH-25-0023. This amendment proposes to remove the prior authorization requirement for the stabilization component of the mobile response and stabilization service and to add additional service descriptions for the mobile response component.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations. This letter informs you that Ohio's Medicaid SPA TN 25-0023 was approved on February 23, 2026, with an effective date of October 1, 2025.

Enclosed are copies of Form CMS-179 and approved SPA pages to be incorporated into the Ohio State Plan.

If you have any questions, please contact Christine Davidson at (312) 886-3642 or via email at christine.davidson@cms.hhs.gov.

Sincerely,



Wendy E. Hill Petras, Acting Director
Division of Program Operations

Enclosures

cc: Rebecca Jackson, ODM
Gregory Niehoff, ODM
Tamara Edwards, ODM
Brandon Smith, CMCS
Keri Toback, CMCS

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER <u>2 5</u> — <u>0 0 2 3</u>	2. STATE <u>OH</u>
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
October 1, 2025

5. FEDERAL STATUTE/REGULATION CITATION
42 USC 1396d, 42 CFR 440.130, 42 CFR Part 441, Subpart B

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2026 \$ 0
b. FFY 2027 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 3.1-A Item 4-b Pages 3 and 4

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (if Applicable)
Attachment 3.1-A Item 4-b Pages 3 and 4 (TN 22-031)

9. SUBJECT OF AMENDMENT
Coverage and Limitations: Mobile Response and Stabilization Service - Removal of Prior Authorization Requirement

10. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:
The State Medicaid Director is the Governor's designee

11. SIGNATURE OF STATE AGENCY OFFICIAL


12. TYPED NAME
SCOTT PARTIKA

13. TITLE
STATE MEDICAID DIRECTOR

14. DATE SUBMITTED
December 23, 2025

15. RETURN TO
**Greg Niehoff
Ohio Department of Medicaid
P.O. BOX 182709
Columbus, Ohio 43218**

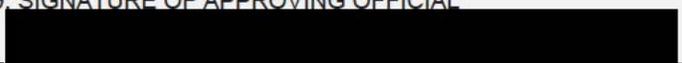
FOR CMS USE ONLY

16. DATE RECEIVED
December 23, 2025

17. DATE APPROVED
February 23, 2026

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
October 1, 2025

19. SIGNATURE OF APPROVING OFFICIAL


20. TYPED NAME OF APPROVING OFFICIAL
Wendy E. Hill Petras

21. TITLE OF APPROVING OFFICIAL
Acting Director, Division of Program Operations

22. REMARKS

- 4-b. Early and periodic screening and diagnosis of individuals under 21 years of age, and treatment of conditions found.

Mobile Response and Stabilization Service

Service Description: Mobile Response and Stabilization Service (MRSS) is a structured intervention and support service provided by a mobile response and stabilization team that is designed to promptly address a crisis situation with young people who are experiencing emotional symptoms, behaviors, or traumatic circumstances that have compromised or impacted their ability to function within their family, living situation, school, or community. MRSS is provided on a mobile basis where the youth is experiencing the crisis or where the family request services, and provides immediate de-escalation, rapid community-based assessment, and stabilization to help the young person remain in their home and community. MRSS is provided in accordance with the Rehabilitative Services benefit described in Item 13-d of this Attachment.

Service Components:

- a. Mobile Response** – The mobile response team is mobilized to arrive at the location specified by the young person or their family within the designated response time, as determined at the end of the triage assessment. The mobile response team will provide de-escalation services for up to 72 hours, until the young person and family are stable. Mobile response de-escalation service components include:
- Urgent assessment including administration of a standardized assessment tool;
 - Development of an initial safety plan;
 - Crisis intervention and de-escalation;
 - Initiation of psychiatric consultation, when indicated;
 - Administration of the Child and Adolescent Needs and Strengths (CANS) assessment if appropriate;
 - Consultation with the young person or family to define goals for preventing future crisis and the need for ongoing stabilization;
 - Initiation of an individualized MRSS plan; and
 - Identification of and contact with the youth’s established behavioral health providers.
- b. Stabilization** – Stabilization services are provided as documented in the individualized MRSS plan, and immediately follow the initial 72 hour period of mobile response. Stabilization services provide continued monitoring, coordination, and implementation of the individualized MRSS plan. Service components may include:
- Psychoeducation;
 - Referral for psychiatric consultation and medication management if needed;
 - Advocacy and networking by the provider to establish linkages and referrals to appropriate community-based services and supports;
 - Coordination of services;
 - Linkage to supports and services;

- Convening or participating in planning meetings with the young person, family, and cross system partners for the purpose of developing and coordinating linkages to ongoing services and supports; and
- Service transition.

Provider Qualifications:

MRSS is provided by an agency certified by the Ohio Department of Mental Health and Addiction Services (OhioMHAS). MRSS is provided by a team of practitioners operating within an agency that consists of at least:

- A clinician who holds a certification or license issued by any of the State of Ohio professional boards that includes a scope of practice for behavioral health conditions; and
- One of the following:
 - A family or youth peer recovery supporter certified by OhioMHAS who demonstrates competency working individuals under the age of twenty-one with mental health or substance use disorders; or
 - A qualified behavioral health specialist who holds a valid high school diploma or equivalent and has received training for or education in either mental health or substance use disorder competencies and who has demonstrated competencies in basic mental health or substance use disorder and recovery skills for working with individuals under the age of twenty-one.

A certified peer recovery supporter or qualified behavioral health specialist providing MRSS services must be supervised by a licensed individual qualified to supervise the provision of MRSS within their scope of practice.

Services are recommended by a physician or other licensed practitioner of the healing arts, within the scope of his practice under State law.