

Table of Contents

State/Territory Name: Ohio

State Plan Amendment (SPA) #: 25-0030

This file contains the following documents in the order listed:

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



Medicaid and CHIP Operations Group

March 26, 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) - 25-0030

Dear Director Partika:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) OH-25-0030. This amendment proposes to amend Attachments 3.1-A and 4.19-B due to an Ohio agency name change from the Ohio Department of Mental Health and Addiction Services (MHAS) to the Ohio Department of Behavioral Health (DBH).

We conducted our review of your submittal according to statutory requirements in Section 1905(a) of the Social Security Act and implementing regulations at 42 CFR 431, Subpart M, 42 CFR 441.18, 42 CFR 441 Subparts B, C, and D, and 42 CFR 447 Subparts C and E. This letter informs you that Ohio's Medicaid SPA TN 25-0030 was approved on March 26, 2026, with an effective date of November 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 Keri Rosenbloom Toback at (312) 353-1754 or via email at keri.toback@cms.hhs.gov.

Sincerely,



Nicole McKnight
On Behalf of Courtney Miller, MCOG Director

Enclosures

cc: Rebecca Jackson, ODM
Gregory Niehoff, ODM
Tamara Edwards, ODM

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

1. TRANSMITTAL NUMBER

2 5 — 0 0 3 0

2. STATE

OH

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT

XIX XXI

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

4. PROPOSED EFFECTIVE DATE

November 1, 2025

5. FEDERAL STATUTE/REGULATION CITATION

See addendum

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

See addendum

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

See addendum

9. SUBJECT OF AMENDMENT

State Partner Agency Name Change – MHAS to DBH

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

[Redacted Signature]

12. TYPED NAME

SCOTT PARTIKA

13. TITLE

STATE MEDICAID DIRECTOR

14. DATE SUBMITTED

December 31, 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 31, 2025

17. DATE APPROVED

March 26, 2026

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

November 1, 2025

19.

[Redacted]

20. TYPED NAME OF APPROVING OFFICIAL

Nicole McKnight

21. TITLE OF APPROVING OFFICIAL

On Behalf of Courtney Miller, MCOG Director

22. REMARKS

CMS-179 Addendum for TN 25-0030
 “State Partner Agency Name Change – MHAS to DBH”

Block 5, Fed statutes/regs:
Sec.1905(a) of the Act
42 CFR 431, Subpart M
42 CFR 441.18
42 CFR 441 Subparts B, C, and D
42 CFR 447 Subparts C and E

Block 7	Block 8
Attachment 3.1-A Item 4-b Page 2	Attachment 3.1-A Item 4-b Page 2 (TN 22-008)
Attachment 3.1-A Item 4-b Page 4	Attachment 3.1-A Item 4-b Page 4 (TN 25-0023)
Attachment 3.1-A Item 14 Page 1 of 2	Attachment 3.1-A Item 14 Page 1 of 2 (TN 15-004)
Attachment 3.1-A Item 16 Page 1 of 1	Attachment 3.1-A Item 16 Page 1 of 1 (TN 23-019)
Attachment 3.1-A Supplement 1 Target Group F Pages 1 through 9 of 9	Attachment 3.1-A Supplement 1 Target Group F Pages 1 through 9 of 9 (TN 19-002)
Attachment 4.16-G Page 1 of 1	Attachment 4.16-G Page 1 of 1 (TN 19-002)
Attachment 4.19-A Page 22	Attachment 4.19-A Page 22 (TN 23-030)
Attachment 4.19-B Item 19-a Target Group F Page 1 of 1	Attachment 4.19-B Item 19-a Target Group F Page 1 of 1 (TN 23-042)

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

Intensive Home Based Treatment

Service Description: Intensive home based treatment (IHBT) service is a comprehensive rehabilitative behavioral health service provided to a child/adolescent with serious emotional disturbance (SED) and their family, designed to treat mental health conditions that significantly impair functioning. IHBT may also be utilized for the treatment of children and adolescents that have co-occurring substance use or neurodevelopmental needs, when these needs co-occur with a mental health condition. IHBT is provided for the purpose of preventing out of home placement or facilitating a successful transition back home. IHBT integrates trauma-informed and resilience-focused assessment, crisis response, individual and family psychotherapy, service and resource coordination, and rehabilitative skill development with the goal of either preventing the out-of-home placement or facilitating a successful transition back to home. These intensive, time-limited behavioral health services are provided in the child/adolescent's natural environment with the purpose of stabilizing and improving their behavioral health functioning as documented using the Ohio specific child and adolescent needs and strengths (CANS) tool.

Provider Qualifications: IHBT is provided by an agency certified by the Ohio Department of Behavioral Health (DBH). IHBT is provided by a team of practitioners operating within an agency sharing various responsibilities for the same child/adolescent and family. IHBT shall be provided by a team of practitioners who meet at least one of the following team compositions:

- A team comprised of two or more licensed practitioners operating in accordance with the scope of practice and supervisory requirements identified by the applicable licensing board.
- A hybrid team comprised of at least one licensed practitioner as described above; and
 - one qualified mental health specialist who holds a valid high school diploma or equivalent and has received training for or education in mental health and has demonstrated competencies in basic mental health skills; or
 - a DBH-certified peer supporter who demonstrates competency working with children or adolescents with SED and their families.

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

- 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 Behavioral Health (DBH). 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 DBH 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.

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

a. Inpatient hospital services.

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 Ohio Department of Behavioral Health or operated under the State Mental Health Authority and meet federal requirements at 42 CFR 441 Subpart C and 42 CFR §440.140.

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. All charges attributable to physician services must be submitted separately to the department. Charges attributable to facility costs shall be submitted on a facility claim and must not include any costs associated with physician services.

16. Inpatient psychiatric facility services for individuals under 22 years of age.

Recipients under 22 years of age may receive inpatient psychiatric services in psychiatric hospitals and certain alcohol and/or drug abuse rehabilitation hospitals that are licensed by the Ohio Department of Behavioral Health or operated under the State Mental Health Authority and meet federal requirements at 42 CFR 441 Subpart D and 42 CFR §440.160.

Medicaid does not cover, as an inpatient hospital 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.

Inpatient psychiatric facility services for individuals under 22 years of age may also be provided to recipients receiving treatment in a psychiatric residential treatment facility (PRTF). A PRTF is a facility licensed and accredited in accordance with 42 CFR 440.160 and Subpart D of 42 CFR Part 441.

State Plan under Title XIX of the Social Security Act
State/Territory: Ohio

TARGETED CASE MANAGEMENT SERVICES
Medicaid-eligible individuals receiving alcohol or substance use disorder treatment services
from a DBH certified or licensed SUD 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 Behavioral Health (DBH) certified or licensed Substance Use Disorder (SUD) 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)).

TN: 25-0030
Supersedes:
TN: 19-002

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State Plan under Title XIX of the Social Security Act
State/Territory: Ohio

TARGETED CASE MANAGEMENT SERVICES

Medicaid-eligible individuals receiving alcohol or substance use disorder treatment services from a DBH certified or licensed SUD treatment program

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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State Plan under Title XIX of the Social Security Act
State/Territory: Ohio

TARGETED CASE MANAGEMENT SERVICES

Medicaid-eligible individuals receiving alcohol or substance use disorder treatment services from a DBH certified or licensed SUD treatment program

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))

State Plan under Title XIX of the Social Security Act
State/Territory: Ohio

TARGETED CASE MANAGEMENT SERVICES

Medicaid-eligible individuals receiving alcohol or substance use disorder treatment services
from a DBH certified or licensed SUD treatment program

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 Behavioral Health. 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, 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: 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.

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

TN: 25-0030
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Effective Date: 11/01/2025

State Plan under Title XIX of the Social Security Act
State/Territory: Ohio

TARGETED CASE MANAGEMENT SERVICES

Medicaid-eligible individuals receiving alcohol or substance use disorder treatment services from a DBH certified or licensed SUD treatment program

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 Licensed independent chemical dependency counselor, or a Licensed independent marriage and family therapist. Chemical dependency counselor assistants must have Forty (40) hours of approved education in chemical dependency counseling/clinical methods.

State Plan under Title XIX of the Social Security Act
State/Territory: Ohio

TARGETED CASE MANAGEMENT SERVICES

Medicaid-eligible individuals receiving alcohol or substance use disorder treatment services from a DBH certified or licensed SUD treatment program

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 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 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.

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.

State Plan under Title XIX of the Social Security Act
State/Territory: Ohio

TARGETED CASE MANAGEMENT SERVICES

Medicaid-eligible individuals receiving alcohol or substance use disorder treatment services from a DBH certified or licensed SUD treatment program

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 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.

State Plan under Title XIX of the Social Security Act
State/Territory: Ohio

TARGETED CASE MANAGEMENT SERVICES

Medicaid-eligible individuals receiving alcohol or substance use disorder treatment services from a DBH certified or licensed SUD treatment program

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.

State Plan under Title XIX of the Social Security Act
State/Territory: Ohio

TARGETED CASE MANAGEMENT SERVICES

Medicaid-eligible individuals receiving alcohol or substance use disorder treatment services from a DBH certified or licensed SUD treatment program

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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Cooperative Arrangements between the Ohio Department of Medicaid and the Ohio Department of Behavioral Health (DBH)

The Ohio Department of Medicaid (ODM) has a subrecipient relationship with DBH: DBH is the sub-recipient of funds for providing or assisting ODM in providing statewide access for eligible individuals who are covered by the Medicaid program as set forth in Title XIX of the Social Security Act or the State Children’s Health Insurance Program (SCHIP) Medicaid expansion as set forth in Title XXI of the Social Security Act for: 1) community substance use disorder (SUD) services; 2) mental health (MH) and psychiatric hospital services; 3) Pre-Admission Screening and Resident Review (PASRR); and 4) the development of strategies for managing the Medicaid behavioral health services, including the delegation of responsibilities between ODM and DBH.

The relationships described above assure statewide access to medically necessary covered services comparable in amount, scope and duration, with the exception of PASRR, in accordance with federal compliance requirements, including statewideness, recipient free choice of provider, comparability of services, and reasonable promptness.

The relationships described above are formalized by an Interagency Agreement with DBH to implement the provisions of 42 CFR 431, Subpart M and the transfer of federal funds between ODM and DBH for those Medicaid services under CFDA 93.767 and CFDA 93.778.

Disproportionate share and indigent care payment policies for psychiatric hospitals

This section applies to psychiatric hospitals eligible to participate in Medicaid in accordance with Attachment 4.19-A, Section I, Subsection (A), that are certified by Medicare for reimbursement of services, and are licensed by the Ohio Department of Behavioral Health or operated under the state mental health authority.

A. Source data for calculations

The calculations described in determining disproportionate share psychiatric hospitals and in making disproportionate share and indigent care payments will be based on financial data and patient care data for psychiatric inpatient services provided for the hospital fiscal year ending in the state fiscal year that ends in the federal fiscal year preceding each program year.

B. Determination of disproportionate share hospitals

The department makes additional payments to hospitals that qualify for a disproportionate share adjustment. Hospitals that qualify are those that meet the requirements in Attachment 4.19-A, page 13, subsection (B)(3), and meet both of the criteria described in subsection (B)(1) and (B)(2) of this section.

- (1) The hospital's Medicaid inpatient utilization rate is greater than or equal to 1%.

The Medicaid inpatient utilization rate is the ratio of the hospital's number of inpatient days attributable to patients who were eligible for medical assistance in accordance with Attachment 4.19-A, Section I, subsections (A)(2) to (A)(4), divided by the hospital's total inpatient days.

- (2) The hospital's uncompensated care costs is at least 60% of the hospital's total allowable inpatient costs.

Uncompensated care costs are defined as total inpatient allowable costs less insurance revenues, self-pay revenues, total Medicaid revenues and uncompensated care costs rendered to patients with insurance for the service provided.

C. Distribution of funds

The funds available are distributed among hospitals according to the payment formula described below. Hospitals will be distributed a payment amount based on the lesser of their uncompensated care costs or their disproportionate share payment. Each hospital's disproportionate share payment is calculated as follows:

$$\text{Hospital specific uncompensated care costs} \div \text{Sum of uncompensated care costs for all hospitals} \times \text{Disproportionate share funds available for distribution}$$

- (1) Funds available for distribution by tier.

Each hospital will be distributed a payment amount based on the lesser of their:

- (a) Uncompensated care costs; or
(b) Disproportionate share payment amount

D. Disproportionate share funds

The maximum amount of disproportionate share funds available for distribution to psychiatric hospitals will be determined by subtracting the funds distributed in accordance with Attachment 4.19-A, pages 13 to 14 from the state's disproportionate share limit as described in subparagraph (f) of section 1923 of the Social Security Act, 49 Stat. 620 (1935), 42 USC 1396-r-4 (f), as amended.

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: DBH (in accordance with Section 1905(a)(19) of Section 1915(g) of the Act).

Rate(s):

The unit rate is \$ 88.12 per hour and 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 Medicaid (ODM). ODM will process the claims and reimburse the providers at 100%.