

The following table summarizes the content and proposed changes to the Ohio Department of Medicaid (ODM) rules pertaining to behavioral health providers:

Rule Number	Tagline	Type of Filing	Summary of Content and Proposed Changes
5160-8-05	Behavioral Health Services – Other Licensed Professionals	Amend	This rule governs payment for behavioral health services provided by certain licensed professionals in non-institutional settings. It is being amended to update rule references for licensed practitioner definitions (e.g., referencing Administrative Code rules instead of Revised Code sections), update supervision definitions (clarifying "general supervision" and "direct supervision"), and revise service authorization language—replacing fixed per-service coverage limits with a new framework under which ODM may impose limitations on initiation, continuation, frequency, scope, duration, and same-day allowances via the master list posted on the ODM website. The rule clarifies that services rendered by a supervised social worker trainee or assistant, marriage and family therapist trainee, chemical dependency counselor assistant, or counselor trainee under general supervision will be paid 72.25 percent of the maximum fee for the particular service. The rule also adds the Child and Adolescent Needs and Strengths (CANS) assessment, effective July 1, 2027, as a covered assessment and behavior change intervention when administered by a CANS assessor.
5160-27-01	Eligible Provider of Community Behavioral Health Services	Amend	This rule sets forth eligible billing and rendering provider requirements for community behavioral health services. It is being amended to update references the Ohio Department of Behavioral Health (DBH) (formerly Ohio Department of Mental Health and Addiction Services (OMHAS)).
5160-27-02	Coverage and Limitations of Behavioral Health Services	Rescind /New	This rule sets forth coverage and limitations for behavioral health services rendered to Medicaid recipients. It is being rescinded and proposed as new to add new language regarding service authorization—replacing specific hard coverage limits with a flexible framework under which certain services may be subject to limitations on amount, scope, or duration as posted on the ODM master list website. The revised rule removes prior language concerning peer recovery services and other behavioral health services.

			The new rule expands the list of services subject to potential limitations to include: (1) Individual and group therapeutic behavioral services (TBS) and psychosocial rehabilitation (PSR); (2) Assertive community treatment (ACT); (3) Mental health intensive outpatient (IOP)/partial hospital (PHP); (4) Behavioral health nursing; (5) Screening, brief intervention, and referral to treatment (SBIRT); (6) Psychological/neuropsychological testing; (7) Psychiatric diagnostic evaluation; (8) Psychotherapy (including family, group, and multiple-family); and (9) Peer support. For substance use disorder (SUD) services, the new rule adds SUD case management, withdrawal management, substance use group counseling, and SUD intensive outpatient services to the list of services subject to limitations. The rule also clarifies that services shall not substitute nor supplant unpaid familial, community, vocational, or educational natural supports and expands the list of non-covered activities to specifically include arts and crafts, game play, cosmetology, listening to music, watching television/movies, meal or snack time, and consultation or collateral contact with another clinician employed by the same organizational provider.
5160-27-03	Reimbursement for Community Behavioral Health Services	Amend	This rule sets forth reimbursement requirements and rates for behavioral health services. It is being amended to remove the reimbursement policy for the following services exceeding 90 minutes by the same billing provider, to the same recipient, on the same calendar day: (1) community psychiatric supportive treatment, (2) TBS, (3) psychosocial rehabilitation, and (4) SUD targeted case management. The rule also adds new language regarding CANS assessment reimbursement submission requirements and updates allowable places of service on Appendix A.
5160-27-04	Mental Health Assertive	Rescind /New	This rule addresses the ACT evidence-based model for delivering comprehensive community-based behavioral health services to adults with serious and persistent

	Community Treatment Service		mental illnesses. It is being rescinded and proposed as new to remove language concerning service disenrollment procedures, eligible provider requirements, and certain documentation requirements. New language clarifies existing Medicaid policy, including that ACT services may be subject to limitations on initiation and continuation of services as listed on the ODM master list, updated eligibility criteria referencing a "valid and current behavioral health diagnosis," and simplified disenrollment provisions. An agency providing ACT services must hold current ACT certification from DBH.
5160-27-06	Mental Health Intensive Outpatient and Partial Hospitalization Services (formerly "Therapeutic Behavioral Group Service Hourly and Per Diem")	Rescind /New	This rule is being rescinded and proposed as new with a name change to reflect its revised scope: Mental health IOP and PHP services. The new rule defines mental health IOP and PHP services as multimodal services described in rule 5122-29-06 of the Administrative Code. In terms of ODM reimbursement, the rule applies to the group counseling component of IOP and PHP services. Key changes include: (1) Distinguishing IOP (limited to 10 hours per week, reimbursed hourly) from PHP (reimbursed as a per diem, requiring 3.5 hours or more per day and a minimum of 10.5 hours per week of group counseling); (2) Adding a provision that if a PHP recipient fails to complete the minimum 10.5 weekly hours for two consecutive weeks, existing service authorizations will be rescinded but services may be reimbursed at a lower level of care; and (3) Prohibiting same-day IOP and PHP group counseling for adults by any billing provider except for recipients ages 18+ enrolled in OhioRISE. This rule adds mental health IOP and PHP group counseling services in addition to allowable same day individual and non-counseling group services to the list of services subject to limitations on initiation, continuation, frequency, scope, duration, and same-day allowances via the master list posted on the ODM website

5160-27-08	Mental Health Therapeutic Behavioral Services and Psychosocial Rehabilitation	Rescind /New	This rule addresses TBS as goal-directed, solution-focused interventions. It is being rescinded and proposed as new to add new language addressing service coverage limitations and clarify the components of each service. Key changes include: (1) TBS and PSR may now be subject to limitations posted on the ODM master list; (2) Adults receiving TBS group services may receive up to one hour per day on the same day as mental health IOP services with documented differentiated treatment plan goals; (3) A new TBS group behavioral health professional-to-recipient ratio cap of 1:12 and a PSR group ratio cap of 1:6; and (4) PSR may now be delivered as a group intervention (previously limited to individual delivery only) with service delivery also permitted with family members or other collaterals for certain activities. Effective March 1, 2027, TBS or PSR services will not be reimbursed under this rule for the provision of services which more accurately meet the description of services and activities listed in Rule 5160-34-02 of the Administrative Code.
5160-27-09	SUD Treatment Services	Rescind /New	This rule addresses SUD treatment services across American Society of Addiction Medicine (ASAM) levels of care. It is being rescinded and proposed as new to add new language clarifying service requirements for intensive outpatient and partial hospitalization programs, service reimbursement policy, documentation requirements, and service coverage limitations. Key changes include: (1) Adding detailed SUD IOP and PHP program definitions with minimum weekly hour thresholds; (2) Specifying that SUD per diem services cannot be billed with any other behavioral health per diem service on the same day and that SUD group counseling is not permitted on the same day as IOP or PHP;

			(3) Creating two separately reimbursable SUD assessment types—level of care assessment and treatment planning assessment; (4) Expanding the list of services included in and not separately reimbursable under the residential per diem (e.g., adding behavioral health peer recovery services, presumptive urine drug screen specimen collection and analysis, and basic medical services); (5) Clarifying that outside providers may only be reimbursed for essential medically necessary services that could not be delayed until discharge; and (6) Adding new documentation requirements reflecting adherence to ASAM guidelines, including clinical justification for level of care placement and ASAM dimensional risk ratings. The rule sets forth limitations of residential services, including, but not limited to, services gaps exceeding 24 hours are considered a termination of one admission and a SUD residential service cannot be billed on the same day as discharge.
5160-27-10	SUD Targeted Case Management	Amend	This rule addresses targeted case management services for individuals with SUDs. It is being amended to update references to DBH (formerly OMHAS). The rule provides that SUD targeted case management services may now be subject to additional limitations in scope, duration, frequency, and co-occurring services as described on the ODM master list.
5160-27-11	Behavioral Health Nursing Services	Amend	This rule addresses mental health and substance use disorder nursing services performed by registered nurses or licensed practical nurses. It is being amended to update terminology (e.g., "individuals" to "recipients," "behavioral health education" to "psychoeducation") and to update policy concerning group nursing services—specifically clarifying that group nursing services may only include psychoeducation activities.
5160-27-14	Behavioral Health Peer Support Service	Amend	This rule addresses behavioral peer support service as set forth by ODBH. The rule removes the limitation that a peer recovery services requires prior authorization when rendered for more than four hours to the same individual on the same date of service

			but adds that the delivery of peer support services are subject to any limitations described on ODM's master list posted on its website.
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