

OHIO

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Types of Facilities

Mental Health (MH): Ohio regulates the following residential MH treatment facilities:

- *Residential facility:* a publicly or privately-operated home or facility that falls into three categories, of which only class one facilities offer mental health services:
 - *Class one facilities:* provide accommodations, supervision, personal care services, and mental health services for one or more unrelated adults with mental illness or one or more unrelated children or adolescents with severe emotional disturbances.
- *Crisis stabilization unit:* a residential unit providing crisis stabilization for persons needing an intermediate level of care. The standard services of general services and crisis intervention are offered. Treatment interventions are focused on stabilizing the current crisis and mobilizing support and resources so that the person can be treated in a less restrictive setting. The unit provides twenty four-hour observation, supervision and voluntary treatment services for individuals who do not require the intensive medical treatment of inpatient care. Length of stay on a crisis stabilization unit is anticipated to be no longer than fourteen days duration.

Substance Use Disorder (SUD): Ohio regulations reference the ASAM Level 3 and sublevel 3 requirements, but do not explicitly address the different sublevel 3 types of facilities as defined by ASAM.

Unregulated Facilities: No unregulated facility types under the purview of this summary were found.

Approach

Mental Health (MH) and Substance Use Disorder (SUD): Residential treatment facilities are regulated by the Department of Mental Health and Addiction Services.

Processes of Licensure or Certification and Accreditation

Mental Health (MH) and Substance Use Disorder (SUD):

- General certification requirements apply to each provider that is providing mental health and addiction services that are funded by, or funding is being sought from the Ohio Medicaid program for community mental health or community addiction services; a board of alcohol, drug addiction, and mental health services; or federal or department block grant funding for certified services.
- Effective September 29, 2019, certification is obtained by submission of an application to the Department of Mental Health and Addiction Services. An on-site survey may occur. Full certification is up to three years.
- In lieu of a determination by the director of the Department of Mental Health and Addiction Services of whether the mental health services of a community mental health services provider or the alcohol and drug addiction services of a community addiction services provider satisfy the standards for certification, the director shall accept appropriate accreditation from any of the following national accrediting organizations as evidence that the applicant satisfies the standards for certification: (1) The Joint Commission; (2) The Commission on Accreditation of Rehabilitation Facilities; (3) The Council on Accreditation; or (4) Other behavioral health accreditation as determined by the director. Certification may then be issued without further evaluation of services.
- Even with deemed status, the director may still conduct additional reviews.
- The state does not require a certificate of need.

Mental Health (MH):

- Licensure by the Department of Mental Health and Addiction Services is required for operation of residential facilities. Licensure duration is three years for class one facilities, by which time a renewal application is required. An inspection is required for licensure and renewal.
- Mental health services also are certifiable by the Department of Mental Health and Addiction Services.

Substance Use Disorder (SUD):

- As of September 29, 2019, the following types of addiction services (among others) require certification by the Department of Mental Health and Addiction Services:
 - Withdrawal management addiction services provided in a setting other than an acute care hospital.
 - Addiction services provided in a residential treatment setting.

Cause-Based Monitoring

Mental Health (MH): For residential facilities, the department may conduct surveys or inspections of licensed facilities, as it deems necessary and appropriate, to determine initial or continued compliance with requirements or to determine whether deficiencies have been corrected, or upon complaint or allegation of licensure violations by any provider or individual. Inspections or surveys may be unscheduled and unannounced and may include all areas of the facility regardless of resident access. Corrective action ranges from identifying deficiencies for correction up to termination/revocation of licenses.

Substance Use Disorder (SUD): For addiction treatment services in a residential setting, if the director determines that a community mental health services provider applicant's or a community addiction services provider applicant's certifiable services and supports do not satisfy the standards for certification, the director shall identify the areas of noncompliance, specify what action is necessary to satisfy the standards, and may offer technical assistance to the applicant and to a board of alcohol, drug addiction, and mental health services so that the board may assist the applicant in satisfying the standards. The director may request that the board reallocate any funds for the certifiable services and supports. If the board does not reallocate such funds in a reasonable period of time, the director may withhold state and federal funds for the certifiable services and supports and allocate those funds directly to a community mental health services provider or community addiction services provider whose certifiable services and supports satisfy the standards.

Access Requirements

Mental Health (MH): Requirements regarding residential services were not explicitly described in the state regulations.

Substance Use Disorder (SUD): A community addiction services provider that receives public funds shall not refuse to treat a person solely because the person is pregnant if appropriate treatment is offered by the provider. The regulations also include requirements related to waiting lists for alcohol and drug addiction services generally. Among other requirements, wait lists must be established, determinations made as to whether assessments are needed, and tracking of assessment and service conducted from first contact.

Staffing

Mental Health (MH): All staff, including the operator, shall be at least eighteen years of age; demonstrate adequate communication skills to perform duties and responsibilities associated with the facility in meeting the needs of the resident(s); be able to perform required responsibilities and duties; and test negative for tuberculosis within one year prior to employment.

The manager and staff of a facility which treat persons with mental illness shall receive a general orientation for working with persons with mental illness, and complete 6 hours of training in relevant topics each twelve-month period.

Each facility shall provide sufficient numbers and types of staff in the facility, scheduled for appropriate periods of time during each twenty-four hour period, to assure that the room, board, personal care, or mental health service needs of each resident are met in a timely manner, as appropriate to the licensure type of the facility and individual needs of each resident. Providers shall specify the minimum staffing pattern of the facility in the resident agreement.

The staffing pattern of a class one facility shall assure reasonable amounts of time for staff to engage in social and recreational activity with residents.

Substance Use Disorder (SUD): All providers should align staffing requirements with ASAM requirements, and services should only be provided and supervised by staff who are qualified. Providers shall receive on-going training.

Placement

Mental Health (MH) and Substance Use Disorder (SUD): For residential facilities, an assessment is a clinical evaluation of a person which is individualized and age, gender, and culturally appropriate. When the assessment is to be provided to a client it should started prior to the initiation of other services, except for emergency situations. Initial and comprehensive assessments shall be completed according to prevailing standards of care as defined by the Joint Commission, the Commission on Accreditation of Rehabilitation Facilities, the Council on Accreditation, or other entities as designated by the director.

Substance Use Disorder (SUD): For addiction treatment services in a residential setting, all aspects of services should be in accordance with ASAM level 3 requirements and associated sub-levels. This includes admission, continued stay, discharge, and referral to other levels of care.

Treatment and Discharge Planning and Aftercare Services

Mental Health (MH) and Substance Use Disorder (SUD): Each client must have an individualized treatment plan (ITP), with an initial plan developed within 7 days of assessment. A complete ITP must be completed within 30 days, with updates made at least every 90 days or more frequently if clinically indicated. A discharge summary is required but no requirement for a specific discharge plan was located and no aftercare or follow-up requirements were identified.

Substance Use Disorder (SUD): For addiction treatment services in a residential setting, discharge planning is required. In the case of transfer, follow-up communications with client and the service provider to which client is referred are required, and these contacts shall be documented in the client's record.

Treatment Services

Mental Health (MH): A residential facility must provide at least one certified service, but the certified service is not specified, except in the case of a crisis stabilization unit, which must provide crisis intervention services and general services, which consists of one or more of the following: assessment, counseling, and medical services.

For class one facilities only, facilities may provide “skilled nursing care”. “Skilled nursing care” means procedures that require technical skills and knowledge beyond those the untrained person possesses and that are commonly employed in providing for the physical, mental, and emotional needs of the ill or otherwise incapacitated. A class one residential facility shall provide mental health services. The primary purpose shall be to provide room and board, personal care, and mental health services either to meet a temporary need, or as long-term assistance.

Residents of class one facilities shall be encouraged to participate in community activities and social events. The facility staff shall demonstrate a reasonable effort to facilitate and support such involvement by providing at least one local daily newspaper or current community activity brochures and advertisements, and provide transportation or information about the accessibility of transportation. Each class one residential facility shall provide, at a minimum, leisure time activities appropriate to the age and sex of the residents, and a residential care facility recreational equipment and activities sufficient to implement recreational programs to encourage physical activity.

Substance Use Disorder (SUD): Providers of addiction treatment services in a residential setting shall provide, in addition to the required ASAM level of care: food for client; the opportunity for clients to get eight hours of sleep per night; and services in facilities that are clean, safe, and therapeutic. Providers shall promote interpersonal and group living skills. Clients shall be

connected to resources for education, job training, job interviews, employment stabilization and obtaining alternative living arrangements.

Patient Rights and Safety Standards

Mental Health (MH) and Substance Use Disorder (SUD): The operator shall develop an incident reporting system to include a mechanism for the review and analysis of all reportable incidents such that clinical and administrative activities are undertaken to identify, evaluate, and reduce risk to residents, staff, and visitors.

The use of seclusion, mechanical restraint, and physical restraint, including transitional hold, shall not be permitted in any facility, except a class one facility and in accordance with specific requirements in the regulations.

Each facility shall have the following: a written resident rights policy that lists all of the resident rights; a written resident grievance procedure, written in a manner that residents can understand and which allows for reasonable accommodation for residents with disabilities; and a policy for maintaining for at least three years from resolution, records of residents.

Each resident has rights to file a grievance and to be free from restraint or seclusion unless there is imminent risk of physical harm to self or others.

Quality Assurance or Improvement

Mental Health (MH) and Substance Use Disorder (SUD): Providers shall establish a planned, systematic, organization-wide approach to performance improvement that is both collaborative and interdisciplinary. It is important that each provider measure the performance processes which support care and establish a method of data collection and analysis in order to identify areas of needed improvement, and develop and implement improvement plans which support achieving performance targets, client satisfaction, and positive client outcomes. The provider shall collect and analyze data as required by its accrediting body, if applicable, or for a provider without behavioral health accreditation, at least annually.

Governance

Mental Health (MH) and Substance Use Disorder (SUD): Each provider shall have a leadership structure. The leadership structure shall identify who is responsible for governance; provider administration; and the provision of services.

Each corporation for non-profit shall have a governing body which should guide, plan and support the achievement of the provider's mission, vision and goals.

Each provider which is not a corporation for non-profit shall have a written description of its governance structure and identify whether the owner shall assume sole responsibility whether the provider is governed by a governing body, board of directors, or other governance body.

Special Populations

Mental Health (MH): Requirements regarding residential services were not explicitly described in the state regulations.

Substance Use Disorder (SUD): The department of mental health and addiction services shall give priority to developing, and promptly shall develop, with available public and private resources a program that does all of the following: (1) Provides a manner of identifying the aggregate number of pregnant women in this state who are addicted to a drug of abuse; (2) Provides for an effective means of intervention to eliminate the addiction of pregnant women to drugs of abuse prior to the birth of their children; (3) Gives priority to the treatment of pregnant women addicted to drugs of abuse, including by requiring community addiction services providers that receive public funds to give priority to pregnant women referred for treatment; (4) Provides for the continued monitoring of women who were addicted to a drug of abuse during their pregnancies, after the birth of their children, and for the availability of treatment and rehabilitation for those women; (5) Provides a manner of determining the aggregate number of children who are born in this state to women who are addicted, at the time of birth, to a drug of abuse, and of children who are born in this state with an addiction to or a dependency on a drug of abuse; (6) Provides for the continued monitoring of children who are born in this state to women who are addicted, at the time of birth, to a drug of abuse, or who are born in this state with an addiction to or dependency on a drug of abuse, after their birth; and (7) Provides for the treatment and rehabilitation of any child who is born to a woman who is addicted, at the time of birth, to a drug of abuse, and of any child who is born with an addiction to or dependency on a drug of abuse.

Location of Regulatory and Licensing Requirements

Department of Mental Health and Addiction Services^{1,2}. Regulatory data collected August 23, 2019.

¹ See <http://codes.ohio.gov/orc/5119>.

² See <http://codes.ohio.gov/oac/5122-30>.

Other Information Sources

J.M. Pequignot (DMHAS); National Conference of State Legislatures CON Program Overview, <http://www.ncsl.org/research/health/con-certificate-of-need-state-laws.aspx>

OHIO MEDICAID

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Approach

Mental Health (MH) and Substance Use Disorder (SUD): The Ohio Department of Health (DOH) oversees the state Medicaid program. Ohio relies on the in lieu of provision and Disproportionate Share Hospital (DSH) to reimburse some services in institution for mental diseases (IMD).

Mental Health (MH): Researchers found no evidence of Medicaid coverage of residential MH treatment.

Substance Use Disorder (SUD): The Ohio Section 1115 waiver permits Medicaid reimbursement of expenditures for otherwise covered services furnished to otherwise eligible individuals who are primarily receiving treatment and withdrawal management services for substance use disorder who are short-term residents in facilities that meet the definition of an IMD, including residential treatment.

Types of Facilities

Substance Use Disorder (SUD): Types of facilities identified as meeting the definition of IMDs include:

- Level 3.1 Clinically managed low-intensity residential treatment
- Level 3.2-WM Clinically managed residential withdrawal management
- Level 3.3. Clinically Managed Population-Specific High Intensity Residential treatment
- Level 3.5 Clinically managed high-intensity residential treatment (adult)
- Level 3.7 Medically monitored intensive inpatient services
- Level 3.7-WM Medically monitored inpatient withdrawal management

Medication-assisted treatment also is to be available to those in IMDs.

Processes of Medicaid Enrollment

Mental Health (MH) and Substance Use Disorder (SUD):

- Providers are subject to license verifications, including state licensure verification in states other than Ohio.
- In order to become an eligible provider, a provider must meet the screening requirements described in the Ohio Revised Code and pay an applicable application fee if required. Provider screening and application fees are required at the time of enrollment and revalidation.
- A valid provider agreement with Medicaid will act as a provider agreement for participation in the Medicaid program. Provider agreements must be revalidated no later than five years from the effective date of the original or the last revalidated provider agreement, whichever is applicable.

Staffing

Substance Use Disorder (SUD): Pursuant to the Section 1115 waiver, the state must establish residential treatment provider qualifications in licensure, policy or provider manuals, managed care contracts or credentialing, or other requirements or guidance that meet program standards in the ASAM Criteria or other nationally recognized, SUD-specific program standards regarding credentials of staff for residential treatment settings. The state must conduct an assessment of the availability of providers in the key levels of care throughout the state, or in the regions of the state participating under this demonstration, including those that offer MAT.

Placement

Substance Use Disorder (SUD): In accordance with the state 1115 waiver, there shall be the establishment of a requirement that providers assess treatment needs based on SUD-specific, multidimensional assessment tools, such as ASAM Criteria or other assessment and placement tools that reflect evidence-based clinical treatment guidelines; as well as a utilization management approach such that beneficiaries have access to SUD services at the appropriate level of care and that the interventions are appropriate for the diagnosis and level of care, including an independent process for reviewing placement in residential treatment settings. According to the SUD waiver implementation plan, Ohio administers its Medicaid SUD treatment services based on the ASAM Patient Placement Criteria.

Treatment and Discharge Planning and Aftercare Services

Substance Use Disorder (SUD): Pursuant to the 1115 waiver implementation plan, Ohio Medicaid is to amend the provider manual, MCO contracts, and regulations to describe, for each level of care, the responsibilities for screening, assessment and treatment plan review, including the requirements to substantiate appropriate patient placement using the ASAM dimensions in assessments, admission and discharge criteria for each SUD outpatient and residential LOC.

Treatment Services

Substance Use Disorder (SUD): Pursuant to the state Section 1115 waiver, beneficiaries will have access to high quality, evidence-based OUD/SUD treatment and withdrawal management services ranging from medically supervised withdrawal management to on-going chronic care for these conditions in cost-effective community-based settings. The state will work to improve care coordination and care for co-occurring physical and behavioral health conditions. The state must establish residential treatment program standards regarding in particular the types of services and hours of clinical care for residential treatment settings. In accordance with the state 1115 waiver, there shall be the establishment of a requirement that residential treatment providers offer MAT on-site or facilitate access to MAT off-site.

Pursuant to the waiver, the following services are included in the residential treatment service and will not be reimbursed separately: (a) Ongoing assessments and diagnostic evaluations; (b) Crisis intervention; (c) Individual, group, family psychotherapy and counseling; (d) Case management; (e) Substance use disorder peer recovery services; (f) Urine drug screens; and (g) Medical services.

For Medicaid requirements, individuals in residential treatment may receive medically necessary services from practitioners who are not affiliated with the residential treatment program. Examples include, but are not limited to, psychiatry, medication assisted treatment, or other medical treatment that is outside the scope of the residential level of care as defined by ASAM. Medicaid will reimburse providers of these services outside the per diem rate paid to residential treatment.

Care Coordination

Mental Health (MH) and Substance Use Disorder (SUD): MCOs are required to provide care management to all enrolled members. MCOs must assure care management services and supports are available to individuals when needed.

Substance Use Disorder (SUD): Pursuant to the state Section 1115 waiver, beneficiaries will have access to improved care coordination and care for co-occurring physical and behavioral health conditions. In accordance with the state 1115 waiver, there shall be the establishment and implementation of policies to ensure residential facilities link beneficiaries with community-based services and supports following stays in these facilities. According to the SUD implementation plan, Ohio Medicaid (ODM) approaches care coordination by promoting a population health management approach as well as other reforms to create an improved system to better care for all individuals in Medicaid including those with SUD diagnoses.

Ohio has undertaken multiple interventions and strategies to improve coordination of care and the transition between LOCs along the continuum of care including, but not limited to, facility discharge requirements in OhioMHAS certification standards, Ohio's Comprehensive Primary Care (CPC) program, care management and transition of care requirements in MCP contracts, and targeted case management.

For Medicaid-eligible members who are also receiving substance use disorder (SUD) residential treatment, the following applies: the eligible member will be attributed to or maintain attribution with a qualified behavioral health entity (QBHE) during the SUD residential treatment period; the QBHE will not be eligible for behavioral health care coordination (BHCC) payments during the eligible member's SUD residential treatment period because BHCC is duplicative of the care coordination responsibilities of the SUD residential treatment program; and the QBHE will immediately re-engage the eligible member for BHCC upon discharge from the SUD residential treatment period.

Quality Assurance or Improvement

Substance Use Disorder (SUD): In accordance with the state 1115 waiver, there shall be the establishment of a provider review process to ensure that residential treatment providers deliver care consistent with the specifications in the ASAM Criteria or other comparable, nationally recognized SUD program standards based on evidence-based clinical treatment guidelines for types of services, hours of clinical care, and credentials of staff for residential treatment settings.

Special Populations

Mental Health (MH) and Substance Use Disorder (SUD): Requirements regarding residential services were not explicitly described in the state regulations.

Location of Medicaid Requirements

Ohio Administrative Code 5160-27-09: Medicaid³; Section 1115 demonstration⁴. Regulatory data collected January 10, 2020.

Other Information Sources

Kaiser Family Foundation. State Options for Medicaid Coverage of Inpatient Behavioral Health Services. KFF: San Francisco. November 2019 <http://files.kff.org/attachment/Report-Brief-State-Options-for-Medicaid-Coverage-of-Inpatient-Behavioral-Health-Services>

This state summary is part of the report **“State Residential Treatment for Behavioral Health Conditions: Regulation and Policy”**. The full report and other state summaries are available at <https://aspe.hhs.gov/state-bh-residential-treatment>.

³ See <http://codes.ohio.gov/oac/5160>.

⁴ See <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/82901>.