



Ohio Administrative Code

Rule 5160-27-08 Mental health therapeutic behavioral services and psychosocial rehabilitation.

Effective: January 1, 2021

(A) For the purposes of medicaid reimbursement, therapeutic behavioral services (TBS) are goal-directed supports and solution-focused interventions.

(1) Activities included must be intended to achieve the identified goals or objectives as set forth in the individuals treatment plan. Activities include but are not limited to the following:

(a) Treatment planning. Participating in and utilizing strengths based treatments/planning which may include assisting the individual and family members or other collaterals with identifying strengths and needs.

(b) Identification of strategies or treatment options. Assisting the individual and family members or other collaterals to identify strategies or treatment options associated with the individuals mental illness.

(c) Developing and providing solution focused interventions and emotional and behavioral management drawn from evidence-based psychotherapeutic treatments.

(d) Restoration of social skills. Rehabilitation and support with the restoration of social and interpersonal skills to increase community tenure, enhance personal relationships, establish support networks, increase community awareness, develop coping strategies, and promote effective functioning in the individuals social environment including home, work and school.

(e) Restoration of daily functioning. Assisting the individual to restore daily functioning specific to managing their own home including managing their money, medications, and using community resources and other self-care requirements; and

(f) Crisis prevention and amelioration. Assisting the individual with effectively responding to or avoiding identified precursors or triggers that would risk their remaining in a community setting or



that result in functional impairments, including assisting the individual and family members or other collaterals with identifying a potential psychiatric or personal crisis, developing a crisis management plan, and/or, as appropriate, seeking other supports to restore stability and functioning.

(2) Eligible providers must be a licensed or an unlicensed mental health practitioner in accordance with rule 5160-27-01 of the Administrative Code who have at a minimum:

(a) A bachelors or a masters degree in social work, psychology, nursing, or in related human services, or

(b) A high school diploma with a minimum of three years of relevant experience as determined by the employing agency and documented in the employee's record.

(B) For the purposes of this rule, collateral/collateral supports contact occurs with the practitioner contacts individuals who play a significant role in a medicaid recipients life. The information gained from the collateral contact can provide insight into treatment or basic psychoeducation provided to that collateral contact can assist with the treatment of the medicaid recipient.

(C) For the purposes of medicaid reimbursement, psychosocial rehabilitation (PSR) assists individuals with implementing interventions outlined on a treatment plan to compensate for or eliminate functional deficits and interpersonal and/or mental health barriers associated with an individuals mental health diagnosis.

(1) Activities include:

(a) Restoration, rehabilitation and support of daily functioning to improve self-management of the negative effects of psychiatric or emotional symptoms that interfere with a persons daily functioning.

(b) Supporting the individual with restoration and implementation of daily functioning and daily routines critical to remaining successful in home, school, work, and community.

(c) Rehabilitation and support to restore skills to function in a natural community environment.



(2) Eligible providers are unlicensed mental health practitioners in accordance with rule 5160-27-01 of the Administrative Code, are at least eighteen years of age and who have, at a minimum, a high school diploma with appropriate mental health training as determined by the employing agency and documented in the employee's record.

(D) Limitations.

(1) TBS and PSR will not be reimbursed when a patient is enrolled in assertive community treatment (ACT), intensive home based treatment (IHBT), or receiving residential substance use disorder treatment services.

(2) TBS must be delivered as an individual or group intervention with the individual, family/caregiver and/or other collateral supports.

(3) PSR must be delivered as an intervention with the individual, not in a group setting.

(E) Providers shall adhere to documentation requirements set forth in rules 5160-01-27 and 5160-8-05 of the Administrative Code.