



Ohio Administrative Code

Rule 5160-59-03.3 OhioRISE: intensive home-based treatment service.

Effective: August 16, 2024

(A) Scope. This rule sets forth provisions governing medicaid coverage of intensive home-based treatment (IHBT) services.

(B) Definition. IHBT is the service and activities as set forth by the Ohio department of mental health and addiction services (OhioMHAS) in rule 5122-29-28 of the Administrative Code.

(C) Eligible providers of IHBT services.

(1) Providers eligible for medicaid payment for IHBT will:

(a) Meet the criteria in paragraph (A)(1) or (A)(2) of rule 5160-27-01 of the Administrative Code;
and

(b) Provide the service in accordance with rule 5122-29-28 of the Administrative Code.

(D) Coverage.

(1) Payment may be made for IHBT services rendered face-to-face in person or via telehealth in accordance with rule 5122-29-31 of the Administrative Code.

(2) Payment may be made for services rendered by IHBT staff described in rule 5122-29-28 of the Administrative Code that are eligible as a provider of behavioral health services in accordance with rule 5160-27-01 of the Administrative Code.

(3) Medicaid rates for services described in this rule are listed in the appendix A of this rule.

(E) Limitations.



(1) The following activities are not reimbursable as part of IHBT:

(a) Time spent doing, attending, or participating in recreational activities.

(b) Child care services or services provided as a substitute for the parent or other individual responsible for providing care or supervision.

(c) Respite care.

(d) Transportation for the youth or family.

(e) Any art, movement, dance, drama, or animal therapies, unless incorporated into the IHBT treatment modality.

(f) Services provided to teach academic subjects or as a substitute for educational personnel including, but not limited to a teacher, teacher's aide, or an academic tutor.

(2) A separate medicaid payment will not be made for any of the following services or treatments while the youth is enrolled in IHBT services, unless the service is prior authorized by the OhioRISE plan, or is listed in the child and family-centered care plan:

(a) Behavioral health assessments, screenings, and diagnostic evaluations, except of an Ohio children's initiative "child and adolescent needs and strengths" (CANS) assessment completed in accordance with rule 5160-59-03.2 of the Administrative Code that is separately reimbursable.

(b) Individual, group, or family psychotherapy and counseling.

(c) Therapeutic behavioral services, except for therapeutic behavioral group service - hourly and per diem as defined in rule 5160-27-06 of the Administrative Code.

(d) Community psychiatric supportive treatment as described in rule 5122-29-17 of the Administrative Code.



- (e) Psychosocial rehabilitation as described in rule 5160-27-08 of the Administrative Code.
 - (f) Substance use disorder (SUD) residential treatment services as described in rule 5160-27-09 of the Administrative Code.
 - (g) Assertive community treatment as described in rule 5160-27-04 of the Administrative Code.
 - (h) Stabilization services as defined in rule 5160-27-13 of the Administrative Code and rendered by a mobile response and stabilization service (MRSS) provider in accordance with rule 5160-27-13 of the Administrative Code.
 - (i) SUD targeted case management as described in rule 5160-27-10 of the Administrative Code.
- (3) When the OhioRISE plan denies, reduces, terminates or suspends IHBT, this constitutes an adverse benefit determination, and can be appealed in accordance with rule 5160-26-08.4 of the Administrative Code.