FY2017 PROBATE COURT BILLING REIMBURSEMENT PROCEDURES AND FORMS

Forms for FY2017 reimbursement requests can be accessed at http://mha.ohio.gov.
Under >Funding tab; select >Reporting Forms

Please update your files with these forms and itemize expenses within the outlined categories only. Prior year forms will not be accepted, and old rates will be adjusted to current reimbursement rates.

The reimbursement request forms have been designed to capture the court costs by the respondent's county of residence. If jurisdiction is transferred from one probate court to another, the court that incurs the expenses has two options for obtaining reimbursement: (1) the court holding the proceedings can bill Ohio Department of Mental Health and Addiction Services (OhioMHAS) directly for these costs, or (2) the court holding the proceedings can bill the court of the respondent's county of residence and that court may, in turn, bill OhioMHAS for reimbursement. The decision as to how to settle these costs is made at the local level.

In submitting monthly reimbursement requests to the Ohio Department of Mental Health and Addiction Services (OhioMHAS), please submit only one (1) set of billing submissions. Additional sets/copies of billing requests are not needed. Instructions for completing and submitting the forms are below.

1. **Individual Case Sheet** (Attachment C)

   Complete **one (1)** per case. The purpose of this form is to identify each case by Case Number and to itemize/reflect the expenses associated with that case only.

   In compliance with HIPAA regulations, please refer to clients by case number only on all invoices and supporting documentation. Please do not indicate client names nor include any documentation containing client names with submitted billing requests.

2. **Master Invoice Tally** (Attachment D)

   Complete **one (1)** for all counties as a whole in your billing for the month—no separation of counties or separate Master Invoice Tally forms are required. Also, please indicate the name and phone number of the person to contact for questions regarding the submitted billing.

   The purpose of the Master Invoice Tally is to identify the number of incidents per category and associated expenses per category. **This form is the key document in determining the units to be calculated by the base rate for each category. (See chart below.) Please itemize expenses within the outlined categories only. Each category with incurred expenses should show a number of incidents associated with it.**

   OhioMHAS will reimburse each court's request for the allowable costs based on the submitted number of incidents per category of expenses until that court's total annual allocation is exhausted and the OhioMHAS's total annual appropriation is depleted. Although OhioMHAS will not be able to continue making payments to the courts once their allocation is depleted, it is advised that requests for reimbursement continue to be submitted. The purpose of this is to allow ongoing development of a database for actual costs incurred which will assist in establishing future year base rates and biennium budget requests.

EXPENSE/REIMBURSEMENT CATEGORIES	OhioMHAS FY2017 REIMBURSEMENT RATE PER INCIDENT
Police	**$54**
Sheriff	**$27**
Physician	**$153**
Witness	**$100**
Transportation	**$51**
Conveyance Assistant	**$6**
Attorney	**$119**
Referee (Magistrate)	**$116**
Court Reporter	**$33**
Other Court Costs	**$19**

If a court's rate for a category is higher than OhioMHAS's reimbursement rate for that category, the court will be reimbursed at OhioMHAS's base rate for that incident (see Example 1). If a court's rate for a category is equal to or lesser than OhioMHAS's reimbursable rate, the probate court will be reimbursed at the lower rate (see Example 2).

Example 1: 6 incidents for Attorney totaling $1,200.00 divides to $200.00 per incident. OhioMHAS's base rate for Attorney is $119. The court will be reimbursed $714.00. (6 incidents @ $119.00 each).

Example 2: 6 incidents for Sheriff totaling $123.50 divides to $20.58 per incident. OhioMHAS**'s base rate for Sheriff is $27.00. The court will be reimbursed their $123.50—it is the lesser amount per incident.**

3. **Probate Court Summary Sheet** (Attachment E)

   Complete **one (1)** for the month. Please have this report signed and notarized by the county auditor. The purpose of the Summary Sheet is to itemize each case by case number and its corresponding total expense.

The monthly billing requests for reimbursement must be submitted to OhioMHAS within two (2) months of the date such costs are incurred by the court. Submissions received after the 2-month cutoff date will not be processed for payment. Please submit all forms in your billing to the following address and new agency name:

Ohio Department of Mental Health & Addiction Services (OhioMHAS)
Audra Terrell, Probate Court Coordinator
30 East Broad St., 11th Floor
Columbus, OH 43215-3430

If you have any questions or require additional information, please contact **Audra Terrell at (614) 466-9980, fax - (614) 644-9116, or e-mail - audra.terrell@mha.ohio.gov**