



## Implementation Tips for Agencies Transitioning from OHBH



**Whose records are reported?** Providers certified or licensed by OhioMHAS to provide behavioral health services are required under [ORC 5119.61](#) and [OAC 5122-28-04](#) to report information on *all clients treated for a mental health or substance use disorder*, when services are covered in whole or part by public funding in whole or part by Medicaid and/or Board and State contract dollars.

- ✓ Reporting on mental health treatment episodes is now a statewide requirement.

### How do we implement reporting of OBHIS records?

**1. Identify an individual in your agency who will have oversight for OBHIS reporting.**

This individual will serve as the OBHIS Provider Administrator and is responsible for:



- Maintaining the Provider Set-up in OBHIS. The Provider Set-up is a field that identifies entities with whom the provider has service contracts. These entities are either ADAMH Boards or the Ohio Department of Mental Health & Addiction Services (for Medicaid).
- Authorizing other agency staff to access OBHIS. All staff who register for OBHIS access will be authorized by the Provider Administrator via an email response system.

**2. Determine what data elements need to be added or changed for OBHIS records.**

- Some of the response sets associated with OBHIS record fields (e.g., Living Arrangement, Current Educational Enrollment, Education Type, Medication Assisted Therapy, Special Populations) have been modified on the OBHIS admission and/or discharge records.
- Some new fields (e.g., Tobacco Products Use, Assessment & Referral Only, Care Setting, Client County of Residence, Pregnancy Status at Discharge, Special Populations at Discharge, Level of Care at Discharge, Screened for Gambling) have been added to the OBHIS admission and/or discharge record.

**CHANGE**  
STARTS HERE.  
CAN WE COUNT YOU IN?

### 3. Understand changes in OHBIS record requirements and submission rules.

- ✓ If you use batch upload, begin working on changes to your information system as soon as possible as it will take several months to implement batch reporting in OBHIS.

#### *Client Records*

- Client records cannot be submitted without a complete admission record.
- OBHIS client records are validated by matching the client's DOB and payment system identifier with records in the OhioMHAS Community Services Data Warehouse. Records pending validation occur because 1) there is no claim in the Data Warehouse for the client yet, or 2) data in the OBHIS client record fields do not match claims enrollment records in the Data Warehouse.



#### *AOD Treatment Episode Records*

- OBHIS admission record for substance abuse treatment must contain a substance use disorder (SUD) diagnosis in the Primary Diagnostic Code field.
- OBHIS transfer records are used to document changes in level of care during treatment.
- An OBHIS discharge record must be completed by the service provider before a new admission record can be created for a returning client.

#### *Mental Health Treatment Episode Records*

- OBHIS admission records for mental health treatment must contain a mental health disorder diagnosis in the Primary Diagnostic Code field. (See OBHIS Record Field Definitions document for more detail.)
- OBHIS annual update records for mental health clients who remain in continuous treatment are required annually. Providers can update more often, if they choose to do so. "Continuous treatment" is defined as 12 months of service receipt uninterrupted by a 9-month gap in services.
- Providers should submit a discharge record for mental health clients who complete a discrete episode of care. However, an administrative discharge will be generated by OhioMHAS for an MH admission where the client has a gap of 9 months' inactive service. For example, if the client's last date of service is January 2, 2019, an administrative discharge would be generated in OBHIS on or about October 2, 2019.
  - A new admission record cannot be created until there is a discharge record for the MH episode of care.



### *Dual AOD/MH Treatment Episode Records*

- OBHIS allows the creation of dual SUD/MH admission records for clients who receive concurrent treatment. Separate discharge records must be created for each admission.
  - In the absence of an MH discharge record, an administrative discharge for the MH admission (but not the AOD admission) will be generated after a nine (9) month gap in service receipt.
  - A Mental Health update record is required upon 12 months of continuous service receipt for the MH admission.
- **Providers of Integrated Dual Disorder Treatment (IDDT)** can either create 1) dual MH/SUD admission records, or they can create 2) a single MH admission record and enter an MH Primary diagnosis with SUD Secondary or Tertiary diagnoses.
  - Option 1: A dual record measures SUD treatment outcomes at discharge from active treatment. A dual record measures MH treatment outcomes at annual update or at discharge from active treatment.
  - Option 2: A single MH admission record measures mental health treatment outcomes at annual update or discharge. It will not measure SUD treatment outcomes at discharge.



### *Assessment and Referral Only Admission Records*

- Agencies that provide only assessment and referral services and no treatment can create an AOD, MH or Dual admission record without creating discharge records. OBHIS generates an administrative discharge when Assessment & Referral Only is indicated. AOD and MH admissions where the client refused services, or no further services were recommended after assessment and evaluation require a provider-generated discharge.



### *Discharge and Update Records*

- If there is not one already in place, create a discharge indicator for your records system that allows you to collect OBHIS discharge information.
- Determine a way for your records system to collect annual update information for mental health clients.