Certification Standards Q & A
Effective April 1, 2016

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Licensure and Certification

Today’s Discussion

• Respond to questions submitted in advance
• Respond to questions submitted during webinar as time permits
  • If you know the rule & paragraph number, PLEASE include it
• NOT reviewing:
  • Entire rules or chapters. See archived webinars at:
• NOT discussing:
  • BH Redesign
  • Medicaid
Is Today’s Webinar Applicable to Me

Rules are for Certified MH and AoD providers, and licensed Methadone providers

Heard a Rumor the Effective Date has Been Moved Back

On March 9 & March 22, the following was included in e-mail communications:

**RULE EFFECTIVE DATES for CURRENTLY CERTIFIED AoD and MH PROVIDERS**
For rules effective April 1, 2016, the Department understands that some providers may need additional transition time, and will allow until June 1, 2016.
How Do I Assure I Receive Communications Regarding Rules?

Subscription Listserv

Although there may be a time lag between when we apply, we are required to operate under all rules that are effective April 1st. Is this accurate?
Is Certification Required?

Do I have to be certified if I provide MH or AoD Services?

Prevention – Non-Deemed Status

A current certified stand alone prevention program that is not accredited for prevention by a recognized deeming organization (CARF, etc.) must apply as non deemed prior to their license expiration date? Is this interpretation accurate?
Is Accreditation Required

Are agencies no longer required to achieve accreditation and can instead be certified by OhioMHAS and pay the certification fee instead of the accreditation fee? If so, an agency will not have deemed status but will comply with OhioMHAS standards, correct?

Deemed Status

Please review for us: for which standards do deemed organizations need to demonstrate compliance (over and above those of their accrediting body). Thank You.
Deemed Status – Adding New Service

If our agency has been granted deemed status, do we have to have our new service accredited before applying for certification?

Do we have to submit some type of documentation to OhioMHAS to add the non-deemed service if our agency is otherwise deemed?

If adding AoD (or MH) to our existing MH (or AoD) Certification, would we maintain deemed status as we implement AoD services?

Deemed Status – Certification Fee

If we have been granted deemed status and add a new, non-deemed service that can be accredited, do we have to pay a certification fee?
Obtaining Certification

How do I get my MHA License?

Credentialing

Our counseling center has a Medicaid certification for Mental Health. We have a group agreement /credentialing. Our counselors do not have individual credentialing. Is our group credentialing still valid? Will we have to credential individual counselors?
Certified Location

3793:2-2-01 (E); 5122-25-02 (C); 5122-25-04 The Webinar noted that office locations where ongoing services are regularly provided (established hours, staffing, phone) has to be certified as a location. Please clarify if a provider site ONLY provides AoD Assessment – would this need to be certified as a location? What if it only provides MH Assessment or Dual Diagnosis Assessment? If it is not a certified location it appears that will not be able to have deemed status for this location – is that correct?

Certified Location (continued)

3793:2-2-01 (E); 5122-25-02 (C); 5122-25-04 (A)(1)(a)(ii) The Webinar noted that office locations where ongoing services are regularly provided (established hours, staffing, phone) has to be certified as a location. Please clarify if a provider site ONLY provides AoD Assessment – would this need to be certified as a location? What if it only provides MH Assessment or Dual Diagnosis Assessment? If it is not a certified location it appears that will not be able to have deemed status for this location – is that correct?

(E) Each alcohol and drug addiction outpatient program certified... shall, at a minimum, have available and provide the following alcohol and drug addiction treatment services in accordance with rule 3793:2-1-08 of the Administrative Code: (1) Assessment (2) Individual and or group counseling (3) Crisis intervention (4) Case management

(C) A provider seeking certification for both alcohol and other drug (AoD) services and mental health services under deemed status must ensure the accrediting body reviews or accredits the provision of both AoD and mental health services.

(A)(1)(a)(ii) Addressess and telephone numbers at which the applicant operates and address for legal notice and correspondence. Each provider shall have at least one physical site that is certified. A location which would be considered the client’s natural environment (e.g. school, home, job and family services agency) is not considered a site and need not be certified;
Adding New Services

5122-25-05 (A) requires agencies adding one or more of the eleven identified services/programs to provide the service for at least two months prior to submitting an application.

During the start up with 10 cls. for 2 months, I assume we can bill Medicaid?

Board Contract

5122-26 and 5122-27 Any service contact provided by a provider that is paid for any community mental health board shall be subject to the provisions of this chapter. Does this apply if Boards use levy funds for these services?
ORC 340.03 (A)(8)(a) [excerpt]

(A) Subject to rules issued by the director of mental health and addiction services after consultation with relevant constituencies as required by division (A)(10) of section 5119.21 of the Revised Code, the board of alcohol, drug addiction, and mental health services shall:

(8)(a) Enter into contracts with public and private facilities for the operation of facility services and enter into contracts with public and private community addiction and mental health services providers for the provision of addiction and mental health services. The board may not contract with a residential facility subject to section 5119.34 of the Revised Code unless the facility is licensed by the director of mental health and addiction services. The board may not contract with a community addiction or mental health services provider to provide addiction or mental health services unless the services are certified by the director of mental health and addiction services under section 5119.36 of the Revised Code. Section 307.86...

EHR and Paper Records

During one of the webinars you mentioned that you were going to check with legal and get back to us regarding if documents scanned into the electronic medical records still needed to be kept in a paper file. I hadn’t heard any follow up to that yet.

There was a question asked but never answered in an earlier webinar - How long must an agency keep original documents that get scanned into an electronic client record? Can you please address this, especially regarding documents with a client signature.
Confidentiality

Use of outside Union Rep in staff interviews: What if the guardian of a child says no. How do you go forward? What happens if the guardian says yes and the child or adolescent says no?

Agency Service Plan

Can you talk a little more about the Provider service plan 5122-26-09 (C)(1), and (C)(5)?

(C) The provider shall develop a written description of each service provided, which shall include:
(1) The description of the service, including services provided under each level of care, if applicable;
(5) Description of services which are offered through referral or affiliations with other providers, and the responsibilities of each provider.
Continuity of Care Agreements

Can you talk a little more about continuity of care agreements 5122-26-11 what do these look like? who issues them? thanks!!

Each provider designated by the board to screen, refer, or admit persons to a state-operated psychiatric hospital shall have a signed continuity of care agreement describing the roles and responsibilities of the board, hospital, agency and department.

Incident Reporting

Can reportable incidents be faxed to OMHAS?

- 614-485-9737 (Fax)
- IncidentReport@mha.ohio.gov (E-mail)
- https://weirs.mh.state.oh.us/Account/Login?ReturnUrl=%2f (WEIRS Log In – MH or Dual Providers Only. Not for use by AoD Providers at this time)
Incident Reporting & Client Rights

Involuntary termination: If the agency has a no‐show policy that the client agrees to and signs at intake, does this fall outside of involuntary termination. If for example the client misses 3 consecutive appointments without calling/cancelling, their case would be closed. Note that after missing the 2nd a letter reminding of the policy is sent, in addition, after the 3rd a letter is sent stating their case has been closed, should they want services in the future they can contact the agency intake department.

Incident Reporting & Grievance Procedure - Physical Abuse Allegation

5122-26-13 Reportable Incidents includes incident types that are a violation of client rights. What if a client reports an allegation of physical abuse (for example) and does not elect to file a written grievance. Agency reports MUI, but do they also have to follow formal grievance on this with deadlines for notifications, etc?
**Complaint vs. Grievance**

The client rights webinar left us confused regarding the required procedure for a grievance v. a complaint. It was stated that a grievance involves the suspected violation of a client’s rights, and there was lengthy discussion about the need for a formal hearing.

**Service Fees**

Service Fees: May want to clarify---many insurance contracts with agencies stipulate that you cannot charge the client more (i.e. cannot charge more than what the insurance covers and/or the co-pay). During the webinar the example that was given stated that if the cost of the service was $80, the client would be responsible for paying what the insurance did not cover.

5122-27-02 (D) *A provider shall include documentation regarding: (1) Service fees; (2) The individual’s, or individual’s parent or guardian, responsibility for payment.*

*Responsibility for payment includes any portion not covered by insurance or other funding source.*
**Maintaining Records Post Discharge**

5122-27-02 (H) Are there any exceptions to the “at least seven years”? Pls confirm that treatment records for minor clients are only required to be maintained for at least seven years after discharge. Would it be same for a client with developmental disabilities?

*(H) Providers shall maintain treatment records for at least seven years after a client has been discharged from a program or services are no longer provided, and prevention records for at least three years.*

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**Develop TX Plan – Eligible Provider**

Can a LCDC II or III develop an Individualized Treatment Plan?  
If so, does a LICDC or LISW have to sign off on this Treatment Plan?  
If they are not, does the LICDC or LISW have to develop the Treatment Plan for them?
Please explain the difference between the ITP development for MH and AOD.

Please clarify when OhioMHAS would expect to find an AOD Case Management Plan of Care. Is it for AOD Case Management service only, or for any AOD service?
Progress Notes

If doing a daily note, can the progress note document both AOD and MH services on the same note?

5122-27-04 (C) Progress notes shall be documented either on a per provision of the service basis, or on a daily or weekly basis.

Progress Note: AoD Group Counseling

Regarding group progress notes, does the counselor client ratio have to be on the group note example 2 staff 25 clients?

Does the clients session number have to be on it example 3 of 24 sessions?
Release of Information

To exchange MH information without a release of information (continuity of care), does the client have to be active/open with both providers/agencies? Or can the agency who is currently working with the client obtain the information from an agency that the client once received services (is discharged)?

5122-27-06 (A) Each request for information regarding a current or previous client shall be accompanied by an authorization for release of information, except as specified in sections 5119.27, 5119.28, and 5122.31 of the Revised Code.

ORC 5119.27, 5119.28, and 5122.31

- Certified mental agencies may exchange with other certified MH agencies, licensed private psych hospitals, MHAS operated hospitals, payers or other providers of treatment or health services for the purposes of continuity of care or emergency care without a ROI, as described in ORC 5119.28 or 5122.31. [Limited Summary of 5119.28 and 5122.31]
- AoD records require a ROI unless participating in treatment as part of criminal court involvement, as described in ORC 5119.27. [Limited Summary of 5119.27]
- Specific questions about whether a release is required should be referred to your agency’s legal counsel.
Release of Information - Minor

When, if any does the provider not need to obtain the signature from a minor to release information for AOD information?

ASAM Criteria

Must agencies use an ASAM level of care “crosswalk” sheet like the current ODADAS Level of Care Worksheet?
ASAM Criteria

Are the protocols for levels of care that are posted as approved forms for AOD on the OMHAS website the ASAM placement criteria?

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ASAM Criteria

Each dimension’s severity level must be rated. ASAM prefers the option to rate severity on a 0 – 4 scale, but their training video offers an alternative use of Low, Moderate or High. Which severity rating option does OHMAS want agencies to use?
In the ASAM Criteria 2013 book, they referenced “Data Gathering to Promote Systems Change” on page 126 that mirrors what ODADAS required on documents (i.e. Level of Care Indicated, Level of Care Received, Reason for Difference Between Indicated and Received Level or Service, and Anticipated Outcomes if Service Cannot Be Provided). Are agencies required to have these elements in addition to the 6 Dimension ratings?

Will agencies receive new certificates with the corresponding ASAM Level of Care numbers (i.e 1 for Outpatient Services, 3.2-WM Clinically Managed Residential Withdrawal Management) in lieu of the ODADAS Level of Care numbers (i.e. I-A Outpatient Services, III-C Sub-Acute Care) listed on the certificate?
Eligible Supervisor

Per ORC 4758.71 an OCPS "may engage in the practice of prevention services." RA "may engage in prevention services under supervision of...a social worker (LSW)." 5122-29-30 App B says LSW can only provide & not supervise prevention svs-contradiction!

Prevention

How will these new rules impact those who provide domestic violence prevention education or rape prevention education using funding from ODMAS?
Prevention - Billing

Prevention(1) Since MH Prevention is now further classified based on risk factors as Univ, Selec, and Indic & activities are qualified by strategies --- would the billing be broken out same as AoD?

Prevention – Eligible Providers

How do early childhood mental health services fit in to the new regulations on prevention? Especially since QMHS staff are no longer able to provide prevention services.

Are Bachelor level CPST staff the same as QMHS's? According to the matrix, this would mean they are not permitted to perform mental prevention services, correct?
Prevention – Eligible Providers

Are independently licensed staff who have been providing prevention services, required to have the prevention certification?

Eligible Providers

To add AoD: Do therapists need to be certified/licensed as Chemical Dependency Counselors?
Eligible Provider

Who is licensed to do the AOD Case Management Plan of Care 90 Day Reassessment? Can a CMS do it?

Annual AoD Assessment

Are agencies required to do annual AoD assessments or is the only time assessment updates are completed when there is new clinical information warranting an update?
Checklists

"Will Check lists be made available reflecting the changes in rules? These have been very helpful in the past."

Will there be approved checklist documents similar to what AOD used with new rule number sections, as this was extremely beneficial in organizing policy & procedure manuals?

MHAS Webpage

Archived Webinar Recordings

Rules in Effect Webpage

Certification and Methadone Licensure Applications
Contact Information

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