



Psychotropic Drug Reimbursement Program Guidelines and Assurances SFY 2020

A. Overview

Am. Sub. H.B. No. 49 established the psychotropic drug reimbursement program to provide reimbursement to counties for the cost of psychotropic drugs that are dispensed to inmates of county jails in Ohio. Am. Sub. H.B. No. 166 states each county shall ensure that inmates have access to all psychotropic drugs that are prescribed drugs covered by the fee-for-service component of the Medicaid program. The amount of \$2.5 million has been allotted for each fiscal year in the biennium (SFY 2020 and 2021). O.R.C. 5119.19(B) requires that the program be administered by the Ohio Department Mental Health and Addiction Services (OhioMHAS).

O.R.C. 5119.19(A)(1) defines psychotropic drug as including the following:

- Antipsychotic medications, including those administered or dispensed in a long acting injectable form;
- Antidepressant medications;
- Anti-anxiety medications; and
- Mood stabilizing medications.

Stimulants prescribed for the treatment of attention deficit hyperactivity disorder are specifically excluded from the definition of psychotropic drug.

The total reimbursement amount available for SFY 2020 is \$2,500,000.00. Of the total amount, \$1,250,000.00 is available for each reimbursement period. A county jail will receive reimbursement based on their jail's percentage of the total amount of reimbursement requested across all jails participating in the program. For example, if a county jail accounts for 1% of the total amount requested for the reporting period, the jail would receive \$12,500.00.

B. Reimbursement Periods

Reimbursement for SFY 2020 shall be submitted by the county Sheriff's Office for the following periods identified below. Failure to submit reimbursement requests by the identified dates will result in the reimbursement request being denied.



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- July 1, 2019 – December 31, 2019 – submitted by February 15, 2020
- January 1, 2020 – June 30, 2020 – submitted by August 15, 2020

C. Reimbursement Process

The reporting template must be complete including the jail profile and the assurance below signed by the Sheriff or Jail Administrator. The reimbursement request shall be itemized on the attached psychotropic drug reporting template including the number of prescriptions for each allowable drug and the cost. The template should be submitted to OhioMHAS at jailreimbursement@mha.ohio.gov . OhioMHAS will notify the jails and the local ADAMHS Board the amount that each jail will receive for the reporting period and upload funds to the applicable Alcohol Drug and Mental Health Services Board in the Grants and Funding Management System.

D. Questions

Contact Chris Nicastro at Christopher.Nicastro@mha.ohio.gov or at 614-466-9969.

E. Assurances

By signing this report, I certify that the reimbursement request is true and accurate. All financial records will be kept in a manner consistent with generally accepted accounting principles or other basis of accounting acceptable to the Auditor State of Ohio and the Department of Mental Health and Addiction Services. The jail agrees to provide access to records requested related to psychotropic drug program reimbursement no later than five (5) business days after requested by the state or any party with audit rights. If an audit or review reveals any material deviation, misrepresentation or overcharge to the State from paid amounts, the jail will refund to the State the amounts determined to be disallowed.

Sheriff or Jail Administrator - Signature

Date

Sheriff or Jail Administrator – Printed Name



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Mike DeWine, Governor • Lori Criss, Director • 30 E. Broad St. • Columbus, OH 43215 • (614) 466-2596 • mha.ohio.gov