

5101:3-27-01

**Eligible providers for community mental health services.**

(A) An "eligible provider" for purposes of this chapter is one of the following:

(1) The Ohio department of mental health, when providing a community mental health service that meets the requirements set forth in section ~~5111.022~~5111.023 of the Revised Code and Chapters ~~5122-23~~5122-24 to 5122-29 of the Administrative Code; or

(2) For services provided prior to July 1, 2012, an agency meeting the requirements set forth in section ~~5111.022~~5111.023 of the Revised Code that has negotiated a contract with a community mental health board as defined in rule 5122-24-01 of the Administrative Code. For such an agency that is a government entity which receives nonfederal public funds, including but not limited to county departments of human services, county children's services boards and local education agencies, eligibility is further contingent upon demonstration by the agency, ~~as requested by the department of mental health,~~ that sufficient state and/or local public funds not otherwise encumbered to match other federal funds will be committed to match Title XIX funds for reimbursement of the contracted services.

~~(3) In addition to the requirements of paragraph (A)(1) or (A)(2) of this rule, any medicaid covered service as set forth in rule 5101:3-27-02 of the Administrative Code must be provided.~~

(3) For services provided on or after July 1, 2012, a community mental health agency or facility that has its community mental health services certified by the Ohio department of mental health under section 5119.611 of the Revised Code. For such an agency that is a government entity which receives nonfederal public funds, including but not limited to county departments of human services, county children's services boards and local education agencies, eligibility is further contingent upon demonstration by the agency that sufficient state and/or local public funds not otherwise encumbered to match other federal funds will be committed to match Title XIX funds for reimbursement of the services.

(B) In addition to the requirements of paragraph (A)(1), A(2), and (A)(3) of this rule, an eligible provider must provide one or more of the medicaid covered services as set forth in rule 5101:3-27-02 of the Administrative Code.

~~(B)~~(C) An eligible provider may subcontract for services. For such services to be billable, the services must be certified in accordance with section ~~5119.61~~ 5119.611 of the Revised Code and provided in accordance with the provisions set forth in Chapter 5101:3-27 of the Administrative Code.

(D) An eligible provider must have a valid Ohio health plans provider agreement

approved by and on file with the Ohio department of job and family services.

Effective:

R.C. 119.032 review dates: 04/16/2012

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Certification

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Date

Promulgated Under: 119.03  
Statutory Authority: 5111.02  
Rule Amplifies: 5111.01, 5111.02, section 5111.912 in Am. Sub.  
HB153 of the 129th General Assembly  
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