

5160-27-06

**Mental health day treatment.**

(A) For the purpose of medicaid reimbursement, mental health day treatment is defined as an intensive, structured, goal-oriented, distinct and identifiable group treatment service that addresses the individualized mental health needs of the client. The mental health day treatment service is clinically indicated by assessment. The environment at this level of treatment is highly structured, and has an appropriate staff-to-client ratio to guarantee sufficient therapeutic services and professional monitoring, control, and protection. The purpose and intent of mental health day treatment is to stabilize, increase or sustain the highest level of functioning.

(1) Mental health day treatment must be a group treatment service that includes but is not limited to the following:

(a) Skills development of interpersonal and social competency, problem solving, conflict resolution, and emotions/behavior management,

(b) Developing of positive coping mechanisms,

(c) Managing mental health and behavioral symptoms to enhance independent living, and

(d) Psychoeducational services including instruction and training of persons served in order to increase their knowledge and understanding of their psychiatric diagnosis(es), prognosis(es), treatment, and rehabilitation in order to enhance their acceptance, increase their cooperation and collaboration with treatment and rehabilitation, and favorably affect their outcomes.

(B) Service requirements.

(1) When the service is provided for less than 2.5 hours per day, the mental health day treatment hourly billing code must be used.

(2) When the service is provided for 2.5 or more hours per day, the mental health day treatment per diem must be used and the service must:

(a) Be delivered at a nationally-accredited program and must be provided by a licensed practitioner, or an unlicensed mental health practitioner as described in paragraph (A)(2) of rule 5160-27-08 of the Administrative Code.

(b) The staff to client ratio cannot exceed 1:12.

(C) Limitations.

(1) Reimbursement for mental health day treatment will not be made while patient is enrolled in assertive community treatment (ACT) or intensive home based

treatment (IHBT) or a substance use disorder (SUD) residential treatment facility.

(2) For adults, reimbursement for the following behavioral health group services will be limited to one per day on the same day as the mental health day treatment service and must be medically necessary.

(a) Mental health and SUD group psychotherapy and group counseling.

(b) Group therapeutic behavioral services.

(c) Group community psychiatric supportive treatment.

(3) Other behavioral health individual services may be reimbursed on the same day as mental health day treatment.

(4) A per diem and hourly reimbursement will not be made on the same day with the same provider for the same individual.

(5) A medicaid recipient can only receive one mental health day treatment service per day.

(D) Providers must adhere to documentation requirements set forth in rules 5160-01-27 and 5160-8-05 of the Administrative Code.

Effective:

Five Year Review (FYR) Dates:

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Certification

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Date

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