

5160-27-13

Mobile response and stabilization service.

(A) For the purposes of this rule, mobile response and stabilization service (MRSS), is the service as set forth by the Ohio department of mental health and addiction services (OhioMHAS) in rule 5122-29-14 of the Administrative Code.

(B) Eligible providers.

(1) Providers certified by OhioMHAS in accordance with rule 5122-29-14 of the Administrative Code are eligible for MRSS reimbursement.

(2) Services rendered by MRSS team staff described in rule 5122-29-14 of the Administrative Code that are eligible providers of behavioral health services in accordance with rule 5160-27-01 of the Administrative Code are reimbursable.

(C) Coverage.

(1) The following MRSS activities are reimbursable:

(a) Mobile response activities as described in rule 5122-29-14 of the Administrative Code.

(b) Stabilization services as described in rule 5122-29-14 of the Administrative Code.

(2) Prior authorization is not needed for mobile response activities.

(3) Prior authorization is needed for stabilization services rendered more than six weeks from the completion of mobile response.

(4) For individuals enrolled in either a medicaid managed care organization (MCO) or the OhioRISE plan, it is the responsibility of the provider to notify the individual's MCO or the OhioRISE plan within three business days of initiation, termination, and transition from stabilization services. For individuals enrolled in both a medicaid managed care organization (MCO) and the OhioRISE plan, it is the responsibility of the provider to notify the OhioRISE plan within three business days of initiation, termination, and transition from stabilization services.

(D) Limitations.

(1) The following activities are not billable as MRSS:

(a) Childcare services or services provided as a substitute for the parent or other individuals responsible for providing care and supervision.

(b) Respite care.

(c) Transportation activities that do not include the provision of a mobile response activity or stabilization service.

(d) MRSS screening and triage activities described in rule 5122-29-14 of the Administrative Code.

(e) Activities not described in paragraph (C) of this rule.

(2) Reimbursement will not be made for stabilization services described in paragraph (C)(1) of this rule when an individual is:

(a) Enrolled in intensive home-based treatment as described in rule 5122-29-28 of the Administrative Code.

(b) Receiving substance use disorder residential treatment services as described in rule 5160-27-09 of the Administrative Code, except for MRSS necessary to support admission to the facility.

(c) Enrolled in assertive community treatment as described in rule 5160-27-04 of the Administrative Code.

(d) Receiving inpatient hospital psychiatric services as described in Chapter 5160-2 of the Administrative Code, except for MRSS necessary to support admission to the hospital.

(e) Receiving psychiatric residential treatment facility services as described in 42 C.F.R. 441.150 (October 1, 2021) through 42 C.F.R. 441.184 (October 1, 2021) except for MRSS necessary to support admission to the facility.

(E) Reimbursement. The medicaid reimbursement rate for MRSS is stated in the appendix to rule 5160-27-03 of the Administrative Code.

Effective:

Five Year Review (FYR) Dates:

Certification

Date

Promulgated Under:	119.03
Statutory Authority:	5164.02, 5162.05, 5162.02
Rule Amplifies:	5162.02, 5162.03