



# Ohio Department of Mental Health

30 East Broad Street  
Columbus, Ohio 43215-3430

DATE: 03/30/06 NUMBER: C-03-06-03 ORIGINATOR & TITLE: Angie Bergefurd, Chief

OFFICE:  
Office of Medicaid

APPROVED BY:  
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SUBJECT:  
 Allocations  Certification  Critical Information  Licensure  
 MACSIS  Medicaid  MSPA  Policy  
 Procedure  Other (specify):  
Partial Hospitalization

TITLE OF CORRESPONDENCE: Implementation of Ohio Administrative Code Rule 5101:3-27-05 Provisions Related to Partial Hospitalization Services

CONTENT:  
The Ohio Department of Job and Family Services (ODJFS) has made the decision that it will operationally implement the provision of Ohio Administrative Code rule 5101:3-27-05, paragraph (E)(2)(g), related to fractions of units of partial hospitalization, for dates of service beginning February 1, 2006. Therefore, providers will not be required to either reverse claims containing a partial unit of hospitalization for dates of service September 1, 2005 through January 31, 2006 or to delete the partial units of partial hospitalization for this time period during the reconciliation process for State Fiscal Year 2006. These options were previously indicated in January 2006 trainings held by ODJFS, the Ohio Department of Mental Health (ODMH) and the Ohio Department of Alcohol and Drug Addiction Services (ODADAS) prior to ODJFS making this more recent determination. As was also mentioned in this training, ODMH has installed an edit in MACSIS to deny claims containing a partial unit of partial hospitalization for dates of services February 1, 2006 and beyond. This edit will remain in the system.

REQUIRED ACTION:  
Providers must be in compliance with the partial hospitalization unit requirements as stated in OAC rule 5101:3-27-05 paragraph (E)(2)(g) and this provision will be enforced beginning February 1, 2006. Please note that rule 5101:3-27-05 was effective September 1, 2005 and all other requirements contained in this rule will be enforced in accordance with this effective date.

DATES FOR REQUIRED ACTION: See above.  
NAME, TELEPHONE NO., AND EMAIL OF CONTACT PERSON(S):  
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