

Agency Name : _____
Agency Address: _____

Agency Telephone No: _____ Owner Federal Tax I.D. Number: _____

1 Type of Service	2 HCPCS / Procedure Code	3 Unit Definition	4 No. of Units	5 No. FTE Assigned		6 Personnel Costs		7 Non-Personnel Costs	8 Service Total Costs	9 \$ Allocation of Admin. Overhead	10 Total Costs	11 Cost/ Unit	12 Un-Allowable Costs	13 Total Allowable Cost	14 Allowable Cost/Unit
				Direct Service (A)	Support Service (B)	Direct Service (A)	Support Service (B)								
MH Medical and Related Services Non Opioid (Medical & Related tab)	see tab	Encounter	0						\$0		\$0	#DIV/0!		\$0	#DIV/0!
AOD Medical and Related Services Non Opioid (Medical & Related tab)	see tab	Encounter	0						\$0		\$0	#DIV/0!		\$0	#DIV/0!
MH Medical and Related Services Opioid (Medical & Related tab)	see tab	Encounter	0						\$0		\$0	#DIV/0!		\$0	#DIV/0!
AOD Medical and Related Services Opioid (Medical & Related tab)	see tab	Encounter	0						\$0		\$0	#DIV/0!		\$0	#DIV/0!
AOD Medication Assisted Treatment Opioid (Medical & Related tab)	see tab	Encounter	0						\$0		\$0	#DIV/0!		\$0	#DIV/0!
MH Assessment, Evaluation & Testing (Assessment, Evaluation & Testing tab)	see tab	Encounter	0						\$0		\$0	#DIV/0!		\$0	#DIV/0!
AOD Assessment, Evaluation & Testing (Assessment, Evaluation & Testing tab)	see tab	Encounter	0						\$0		\$0	#DIV/0!		\$0	#DIV/0!
MH Counseling & Therapy (Counseling & Therapy tab)	see tab	Encounter	0						\$0		\$0	#DIV/0!		\$0	#DIV/0!
AOD Counseling & Therapy (Counseling & Therapy tab)	see tab	Encounter	0						\$0		\$0	#DIV/0!		\$0	#DIV/0!
MH Crisis Services (Counseling & Therapy tab and Coordination & Support tab)	see tab	Encounter	0						\$0		\$0	#DIV/0!		\$0	#DIV/0!
MH Coordination & Support - not identified below (Coordination & Support tab)	see tab	15 min	0						\$0		\$0	#DIV/0!		\$0	#DIV/0!
AOD Coordination & Support - not identified below (Coordination & Support tab)	see tab	15 min	0						\$0		\$0	#DIV/0!		\$0	#DIV/0!
Community Psychiatric Supportive Treatment CPST	H0036	15 min	0						\$0		\$0	#DIV/0!		\$0	#DIV/0!
Case Management	H0006	15 min	0						\$0		\$0	#DIV/0!		\$0	#DIV/0!
Peer Recovery Services	H0038	15 min	0						\$0		\$0	#DIV/0!		\$0	#DIV/0!
Employment Services	see tab	Day	0						\$0		\$0	#DIV/0!		\$0	#DIV/0!
AOD Alternatives (Prevention tab)	A0660	60 min	0						\$0		\$0	#DIV/0!		\$0	#DIV/0!
AOD Community Based Process (Prevention tab)	A0630	60 min	0						\$0		\$0	#DIV/0!		\$0	#DIV/0!
MH Education (Prevention tab)	M0620	60 min	0						\$0		\$0	#DIV/0!		\$0	#DIV/0!
AOD Education (Prevention tab)	A0620	60 min	0						\$0		\$0	#DIV/0!		\$0	#DIV/0!
AOD Environmental (Prevention tab)	A0640	60 min	0						\$0		\$0	#DIV/0!		\$0	#DIV/0!
AOD Information Dissemination (Prevention tab)	A0610	60 min	0						\$0		\$0	#DIV/0!		\$0	#DIV/0!
AOD Problem Identification and Referral (Prevention tab)	A0650	60 min	0						\$0		\$0	#DIV/0!		\$0	#DIV/0!
AOD Housing - Excluding Sub-Acute Detoxification (AOD Housing tab)	see tab	Day	0						\$0		\$0	#DIV/0!		\$0	#DIV/0!
MH Housing - Residential Care (Housing tab)	see tab	Day	0						\$0		\$0	#DIV/0!		\$0	#DIV/0!
MH Housing - Time-Limited/Temporary (Housing tab)	see tab	Day	0						\$0		\$0	#DIV/0!		\$0	#DIV/0!
AOD Housing - Residential Treatment, Room & Board (Housing tab)	see tab	Day	0						\$0		\$0	#DIV/0!		\$0	#DIV/0!
MH Housing - Permanent (Housing tab)	see tab	Day	0						\$0		\$0	#DIV/0!		\$0	#DIV/0!
AOD Housing - Permanent (Housing tab)	see tab	Day	0						\$0		\$0	#DIV/0!		\$0	#DIV/0!
Hotline		60 min	0						\$0		\$0	#DIV/0!		\$0	#DIV/0!
Central Pharmacy		60 min	0						\$0		\$0	#DIV/0!		\$0	#DIV/0!
Community Service - Consultation		60 min	0						\$0		\$0	#DIV/0!		\$0	#DIV/0!
Community Service - Intervention		60 min	0						\$0		\$0	#DIV/0!		\$0	#DIV/0!
Community Service - Outreach		60 min	0						\$0		\$0	#DIV/0!		\$0	#DIV/0!
Community Service - Referral & Information		60 min	0						\$0		\$0	#DIV/0!		\$0	#DIV/0!
Community Service - Training		60 min	0						\$0		\$0	#DIV/0!		\$0	#DIV/0!
MH Crisis Intervention & Prescreening		Encounter	0						\$0		\$0	#DIV/0!		\$0	#DIV/0!
Forensic Monitoring		60 min	0						\$0		\$0	#DIV/0!		\$0	#DIV/0!
Forensic Evaluation		60 min	0						\$0		\$0	#DIV/0!		\$0	#DIV/0!
Other Services not previously defined			0						\$0		\$0	#DIV/0!		\$0	#DIV/0!
			0						\$0		\$0	#DIV/0!		\$0	#DIV/0!
			0						\$0		\$0	#DIV/0!		\$0	#DIV/0!
			0						\$0		\$0	#DIV/0!		\$0	#DIV/0!
			0						\$0		\$0	#DIV/0!		\$0	#DIV/0!
			0						\$0		\$0	#DIV/0!		\$0	#DIV/0!
			0						\$0		\$0	#DIV/0!		\$0	#DIV/0!
Total Services				0.00	0.00	\$0	\$0	\$0	\$0	\$0	\$0		\$0	\$0	
Title IV-E Services									\$0		\$0			\$0	
Other Non-Mental Health/AoD/IV-E Services									\$0		\$0			\$0	
Total Agency Service Total				0.00	0.00	\$0	\$0	\$0	\$0	\$0	\$0		\$0	\$0	
Administrative Overhead									\$0		\$0			\$0	
AGENCY TOTAL				0.00	0.00	\$0	\$0	\$0	\$0	\$0	\$0		\$0	\$0	

I certify that this UCR and all supporting documentation (including Forms A-2, A-3 and A-4 or their equivalents) have been completed in accordance with OAC 5122-26-19

Print Name/Title: _____
Date: _____

Signature: _____

Admin. Error Check \$0
Tot. Cost Error Check \$0

Form A-4

ADMINISTRATIVE OVERHEAD
COST DISTRIBUTION WORKSHEET

Agency Name UPI:	Prepared By:
	Date:

Step 1:
Determine Base

Step 2:
Calculate % of
Base per
service/total Base

Step 3:
Column 3 multiplied by total
Administration cost from 047,
column 6. Transfer administration
allocation result by services to 047
column 7

Column 1	Column 2	Column 3	Column 4
TYPE OF SERVICE	BASE VALUE FOR EACH SERVICE	% OF TOTAL BASE	ADMINISTRATION ALLOCATION
TOTALS			

CHECK METHOD USED:
 Service Total Costs () 047 Column 6 UCR
 Direct Service Personnel Costs () 047 Column 4a UCR
 Total Personnel Costs () 047 Column 4a + 4b UCR
 Total Direct Service FTEs () 047 Column 3a UCR
 Total Direct and Support FTEs () 047 Column 3a + 3b UCR

MH and SUD Medical and Related Services/Coding

Behavioral Health Medications

CPT/HCPCS	Modifier	MH Conditions Description
J0400		Injection, aripiprazole (Abilify), intramuscular, 0.25 mg
J0401		Injection, aripiprazole (Abilify), 1 mg
J0515		Cogentin (benztropine mesylate, per 1mg
J1200		Diphenhydramine hcl (Benadryl), up to 50 mg
J1630		Haloperidol Injection, Up to 5 mg
J1631		Haloperidol Decanoate Injection per 50 mg
J2212		Injection, methylNaltrexone (Relistor), 0.1 mg
J2060		Lorazepam Injection, 2mg
J2358		Olanzapine Long Acting Injectable 1 mg
J2426		Paliperidone Palmitate Injection (Invega Sustenna or Invega Trinza), 1 mg
J2680		Fluphenazine Decanoate Injection 25 mg
J2794		Risperidone, Long Acting, .5 mg
J3360		Valium Injection, Up to 5 mg

Behavioral Health Medications

CPT/HCPCS	Modifier	SUD Conditions Description
T1502		Buprenorphine/naloxone administration Administration of oral, intramuscular and/or subcutaneous medication by health care agency/professional, per visit Alcohol and/or drug services; methadone administration and/or service (provision of the drug by a licensed program)
H0020		Buprenorphine, oral, 1 mg
J0571		Buprenorphine/naloxone, oral, less than or equal to 3 mg
J0572		Buprenorphine/naloxone, oral, greater than 3 mg, but less than or equal to 6 mg
J0573		Buprenorphine/naloxone, oral, greater than 6 mg, but less than or equal to 10 mg
J0574		Buprenorphine/naloxone, oral, greater than 10 mg
J0575		Injection, naloxone (Narcan), 1mg
J2310		Injection, naltrexone (Vivitrol), depot form, 1 mg.
J2315		Injection, naltrexone (Vivitrol), depot form, 1 mg.
J8499	HG	Oral naloxone, per 50 mg tablet

Medical Services

CPT/HCPCS	Modifier	Description
99201		Office or other outpatient visit for the evaluation and management of a new patient
99202		Office or other outpatient visit for the evaluation and management of a new patient

Medical Services

CPT/HCPCS	Modifier	Description
99201		Office or other outpatient visit for the evaluation and management of a new patient
99202		Office or other outpatient visit for the evaluation and management of a new patient

99203 Office or other outpatient visit for the evaluation and management of a new patient

99204 Office or other outpatient visit for the evaluation and management of a new patient

99205 Office or other outpatient visit for the evaluation and management of a new patient

99211 Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional.

99212 Office or other outpatient visit for the evaluation and management of an established patient

99213 Office or other outpatient visit for the evaluation and management of an established patient

99214 Office or other outpatient visit for the evaluation and management of an established patient

99215 Office or other outpatient visit for the evaluation and management of an established patient

99341 Home visit for the evaluation and management of a new patient

99342 Home visit for the evaluation and management of a new patient

99343 Home visit for the evaluation and management of a new patient

99344 Home visit for the evaluation and management of a new patient

99345 Home visit for the evaluation and management of a new patient

99347 Home visit for the evaluation and management of an established patient

99348 Home visit for the evaluation and management of an established patient

99203 Office or other outpatient visit for the evaluation and management of a new patient

99204 Office or other outpatient visit for the evaluation and management of a new patient

99205 Office or other outpatient visit for the evaluation and management of a new patient

99211 Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional.

99212 Office or other outpatient visit for the evaluation and management of an established patient

99213 Office or other outpatient visit for the evaluation and management of an established patient

99214 Office or other outpatient visit for the evaluation and management of an established patient

99215 Office or other outpatient visit for the evaluation and management of an established patient

99341 Home visit for the evaluation and management of a new patient

99342 Home visit for the evaluation and management of a new patient

99343 Home visit for the evaluation and management of a new patient

99344 Home visit for the evaluation and management of a new patient

99345 Home visit for the evaluation and management of a new patient

99347 Home visit for the evaluation and management of an established patient

99348 Home visit for the evaluation and management of an established patient

99349 Home visit for the evaluation and management of an established patient

99350 Home visit for the evaluation and management of an established patient
Prolonged service in the office or other outpatient setting requiring direct patient contact beyond the usual service; first hour when added on to an evaluation and management code

+99354 Prolonged service in the office or other outpatient setting each additional thirty minutes when added on to +99354 when the +99354 is added on to an evaluation and management code

+99355 Nursing Services performed by an RN with a mental health diagnosed patient related to their mental health condition

H2019 Nursing Services performed by an LPN with a mental health diagnosed patient related to their mental health condition

H2017

H0040 AM/SA/UC Assertive Community Treatment, Prescriber billing event

H0040 Assertive Community Treatment, RN/LPN billing event

93000 Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report

93005 Electrocardiogram, routine ECG with at least 12 leads; tracing only, without interpretation and report

93010 Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only

96372 Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular

99349 Home visit for the evaluation and management of an established patient

99350 Home visit for the evaluation and management of an established patient
Prolonged service in the office or other outpatient setting requiring direct patient contact beyond the usual service; first hour when added on to an evaluation and management code

+99354 Prolonged service in the office or other outpatient setting each additional thirty minutes when added on to +99354 when the +99354 is added on to an evaluation and management code

+99355 Nursing Services performed by an RN with a substance use disorder diagnosed patient related to their SUD condition

T1002 Nursing Services performed by an LPN with a substance use disorder diagnosed patient related to their SUD condition

T1003 Alcohol and/or drug services; ambulatory detoxification. Nursing services performed by an RN/LPN.

H0014 Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report

93000 Electrocardiogram, routine ECG with at least 12 leads; tracing only, without interpretation and report

93005 Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only

93010 Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only

96372 Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular

H0048 Alcohol and/or other drug testing: collection and handling only, specimens other than blood (not incident to another professional code; not in a residential setting). (Urine Drug Screening)

H0048 Alcohol and/or other drug testing: collection and handling only, specimens other than blood (not incident to another professional code; not in a residential setting). (Urine Drug Screening)

Vaccine Administration codes and Vaccines

90460 Immunization administration through 18 years of age via any route of administration, with counseling by physician or other health care professional; first or only component of each vaccine or toxoid administered

90471 Immunization administration (includes percutaneous, intradermal, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid)

90472 Immunization administration; each additional vaccine. List separately in addition to code for primary procedure (add-on to 90471)

90473 Immunization administration by intranasal or oral route; 1 vaccine (single or combination vaccine/toxoid)

90474 Immunization administration by intranasal or oral route; each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure), (add-on to 90473)

90633 Hepatitis A vaccine (HepA), pediatric/adolescent dosage-2 dose schedule, for intramuscular use

90634 Hepatitis A vaccine (HepA), pediatric/adolescent dosage-3 dose schedule, for intramuscular use

90632 Hepatitis A vaccine (HepA), adult dosage, for intramuscular use

90371 Hepatitis B immune globulin (HBIG), human, for intramuscular use

Vaccine Administration codes and Vaccines

90460 Immunization administration through 18 years of age via any route of administration, with counseling by physician or other health care professional; first or only component of each vaccine or toxoid administered

90471 Immunization administration (includes percutaneous, intradermal, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid)

90472 Immunization administration; each additional vaccine. List separately in addition to code for primary procedure (add-on to 90471)

90473 Immunization administration by intranasal or oral route; 1 vaccine (single or combination vaccine/toxoid)

90474 Immunization administration by intranasal or oral route; each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure), (add-on to 90473)

90633 Hepatitis A vaccine (HepA), pediatric/adolescent dosage-2 dose schedule, for intramuscular use

90634 Hepatitis A vaccine (HepA), pediatric/adolescent dosage-3 dose schedule, for intramuscular use

90632 Hepatitis A vaccine (HepA), adult dosage, for intramuscular use

90371 Hepatitis B immune globulin (HBIG), human, for intramuscular use

90650	Human Papillomavirus vaccine, types 16, 18, bivalent (2vHPV), 3 dose schedule, for intramuscular use	90650
90649	Human Papillomavirus vaccine, types 6, 11, 16, 18, quadrivalent (4vHPV), 3 dose schedule, for intramuscular use	90649
90644	Meningococcal conjugate vaccine, serogroups C & Y and Haemophilus influenza type b vaccine (Hib-MenCY), 4 dose schedule, when administered to children 6 weeks-18 months of age, for intramuscular use	90644
90698	Diphtheria, tetanus toxoids, acellular pertussis vaccine, Haemophilus influenza type b, and inactivated poliovirus vaccine (DTaP-IPV/Hib), for intramuscular use	90698
90654	Influenza virus vaccine, trivalent (IIV3), split virus, preservative-free, for intradermal use	90654
90658	Influenza virus vaccine, trivalent (IIV3), split virus, when administered to individuals 3 years of age and older, for intramuscular use	90658
90660	Influenza virus vaccine, trivalent, live (LAIV3), for intranasal use	90660
90670	Pneumococcal conjugate vaccine, 13 valent (PCV13), for intramuscular use	90670
90680	Rotavirus vaccine, pentavalent (RV5), 3 dose schedule, live, for oral use	90680
90681	Rotavirus vaccine, human, attenuated (RV1), 2 dose schedule, live, for oral use	90681
90696	Diphtheria, tetanus toxoids, acellular pertussis vaccine and inactivated poliovirus vaccine (DTaP-IPV), when administered to children 4 through 6 years of age, for intramuscular use	90696
90713	Poliovirus vaccine, inactivated (IPV), for subcutaneous or intramuscular use	90713
90707	Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous use	90707
90710	Measles, mumps, rubella, and varicella vaccine (MMRV), live, for subcutaneous use	90710

90650	Human Papillomavirus vaccine, types 16, 18, bivalent (2vHPV), 3 dose schedule, for intramuscular use	90650
90649	Human Papillomavirus vaccine, types 6, 11, 16, 18, quadrivalent (4vHPV), 3 dose schedule, for intramuscular use	90649
90644	Meningococcal conjugate vaccine, serogroups C & Y and Haemophilus influenza type b vaccine (Hib-MenCY), 4 dose schedule, when administered to children 6 weeks-18 months of age, for intramuscular use	90644
90698	Diphtheria, tetanus toxoids, acellular pertussis vaccine, Haemophilus influenza type b, and inactivated poliovirus vaccine (DTaP-IPV/Hib), for intramuscular use	90698
90654	Influenza virus vaccine, trivalent (IIV3), split virus, preservative-free, for intradermal use	90654
90658	Influenza virus vaccine, trivalent (IIV3), split virus, when administered to individuals 3 years of age and older, for intramuscular use	90658
90660	Influenza virus vaccine, trivalent, live (LAIV3), for intranasal use	90660
90670	Pneumococcal conjugate vaccine, 13 valent (PCV13), for intramuscular use	90670
90680	Rotavirus vaccine, pentavalent (RV5), 3 dose schedule, live, for oral use	90680
90681	Rotavirus vaccine, human, attenuated (RV1), 2 dose schedule, live, for oral use	90681
90696	Diphtheria, tetanus toxoids, acellular pertussis vaccine and inactivated poliovirus vaccine (DTaP-IPV), when administered to children 4 through 6 years of age, for intramuscular use	90696
90713	Poliovirus vaccine, inactivated (IPV), for subcutaneous or intramuscular use	90713
90707	Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous use	90707
90710	Measles, mumps, rubella, and varicella vaccine (MMRV), live, for subcutaneous use	90710

90714 Tetanus and diphtheria toxoids adsorbed (Td), preservative free, when administered to individuals 7 years or older, for intramuscular use

90715 Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), when administered to individuals 7 years or older, for intramuscular use

90716 Varicella virus vaccine (VAR), live, for subcutaneous use

90736 Shingles vaccine (HZV), live, for subcutaneous injection (individuals 60+ years old)

90732 Pneumococcal polysaccharide vaccine, 23-valent (PPSV23), adult or immunosuppressed patient dosage, when administered to individuals 2 years or older, for subcutaneous or intramuscular use

90733 Meningococcal polysaccharide vaccine, serogroups A, C, Y, W-135, quadrivalent (MPSV4), for subcutaneous use

90734 Meningococcal conjugate vaccine, serogroups A, C, Y and W-135, quadrivalent (MenACWY), for intramuscular use

90740 Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 3 dose schedule, for intramuscular use

90746 Hepatitis B vaccine (HepB), adult dosage, 3 dose schedule, for intramuscular use

90747 Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 4 dose schedule, for intramuscular use

90714 Tetanus and diphtheria toxoids adsorbed (Td), preservative free, when administered to individuals 7 years or older, for intramuscular use

90715 Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), when administered to individuals 7 years or older, for intramuscular use

90716 Varicella virus vaccine (VAR), live, for subcutaneous use

90736 Shingles vaccine (HZV), live, for subcutaneous injection (individuals 60+ years old)

90732 Pneumococcal polysaccharide vaccine, 23-valent (PPSV23), adult or immunosuppressed patient dosage, when administered to individuals 2 years or older, for subcutaneous or intramuscular use

90733 Meningococcal polysaccharide vaccine, serogroups A, C, Y, W-135, quadrivalent (MPSV4), for subcutaneous use

90734 Meningococcal conjugate vaccine, serogroups A, C, Y and W-135, quadrivalent (MenACWY), for intramuscular use

90740 Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 3 dose schedule, for intramuscular use

90746 Hepatitis B vaccine (HepB), adult dosage, 3 dose schedule, for intramuscular use

90747 Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 4 dose schedule, for intramuscular use

CLIA Exempt Tests/Labs

86580 Skin test; tuberculosis, intradermal

36415 Collection of venous blood by venipuncture

82075 Alcohol (ethanol), breath

CLIA Exempt Tests/Labs

86580 Skin test; tuberculosis, intradermal

36415 Collection of venous blood by venipuncture

82075 Alcohol (ethanol), breath

MH and SUD Assessment, Evaluation and Testing

Behavioral Health Assessment, Evaluation and Testing MH Conditions

CPT/HCPCS	Modifier	Description
90791		Psychiatric diagnostic evaluation.
96101		Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report
96111		Developmental testing, (includes assessment of motor, language, social, adaptive, and/or cognitive functioning by standardized developmental instruments) with interpretation and report
96116		Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report
96118		Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report
90792		Psychiatric diagnostic evaluation - includes medical.
G0396		Alcohol and/or substance (other than tobacco) abuse structured screening (e.g., Alcohol Use Disorders Identification Test [AUDIT], Drug Abuse Screening Test [DAST]) and brief intervention (SBI) services, 15 to 30 minutes.
G0397		Alcohol and/or substance (other than tobacco) abuse structured screening (e.g., AUDIT, DAST) and brief intervention (SBI) services, over 30 minutes.

Behavioral Health Assessment, Evaluation and Testing SUD Conditions

CPT/HCPCS	Modifier	Description
90791		Psychiatric diagnostic evaluation.
96101		Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report
96111		Developmental testing, (includes assessment of motor, language, social, adaptive, and/or cognitive functioning by standardized developmental instruments) with interpretation and report
96116		Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report
96118		Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report
90792		Psychiatric diagnostic evaluation - includes medical.
H0001		Alcohol and/or drug assessment (not incident to a licensed practitioner's assessment).

MH and SUD Counseling and Therapy Services/Coding

Behavioral Health Counseling and Therapy		
CPT/HCPCS	Modifier	MH Conditions Description
90832		Psychotherapy, 30 minutes with patient and/or family member.
+90833		Psychotherapy, 30 minutes with patient and/or family member when performed with an E&M service (list separately in addition to the code for primary procedure). (Use 90833 in conjunction with 99201–99255, 99304–99337, 99341–99350).
90834		Psychotherapy, 45 minutes with patient and/or family member.
+90836		Psychotherapy, 45 minutes with patient and/or family member when performed with an E&M services (list separately in addition to the code for primary procedure). (Use 90836 in conjunction with 99201–99255, 99304–99337, 99341–99350).
90837		Psychotherapy, 60 minutes with patient and/or family member.
+99354		Prolonged service in the office or other outpatient setting requiring direct patient contact beyond the usual service; first hour when added on to 90837
+99355		Prolonged service in the office or other outpatient setting each additional thirty minutes when added on to +99354 when the +99354 is added on to 90837
+90838		Psychotherapy, 60 minutes with patient and/or family member when performed with an E&M services (list separately in addition to the code for primary procedure). (Use 90838 in conjunction with 99201–99255, 99304–99337, 99341–99350). (Use 90785 in conjunction with 90832, 90833, 90834, 90836, 90837, 90838 when psychotherapy includes interactive complexity services.)
90839		Psychotherapy for crisis; first 60 minutes.
+90840		Psychotherapy for crisis; each additional 30 minutes.
90846		Family psychotherapy (without the patient present).
90847		Family psychotherapy (conjoint psychotherapy) (with patient present).
90849		Multiple-family group psychotherapy.
90853		Group psychotherapy (other than of a multiple-family group).
+90785		Interactive Complexity when added on to a psychotherapy code
H2012		MH Day Treatment (hourly)
H2020		MH Day Treatment (per diem)
H2015		Intensive Home-Based Treatment
H0040		Assertive Community Treatment, Licensed/Master's billing event
H0040		Assertive Community Treatment, Bachelor's billing event

Behavioral Health Counseling and Therapy		
CPT/HCPCS	Modifier	SUD Conditions Description
90832		Psychotherapy, 30 minutes with patient and/or family member.
+90833		Psychotherapy, 30 minutes with patient and/or family member when performed with an E&M service (list separately in addition to the code for primary procedure). (Use 90833 in conjunction with 99201–99255, 99304–99337, 99341–99350).
90834		Psychotherapy, 45 minutes with patient and/or family member.
+90836		Psychotherapy, 45 minutes with patient and/or family member when performed with an E&M services (list separately in addition to the code for primary procedure). (Use 90836 in conjunction with 99201–99255, 99304–99337, 99341–99350).
90837		Psychotherapy, 60 minutes with patient and/or family member.
+99354		Prolonged service in the office or other outpatient setting requiring direct patient contact beyond the usual service; first hour when added on to 90837
+99355		Prolonged service in the office or other outpatient setting each additional thirty minutes when added on to +99354 when the +99354 is added on to 90837
+90838		Psychotherapy, 60 minutes with patient and/or family member when performed with an E&M services (list separately in addition to the code for primary procedure). (Use 90838 in conjunction with 99201–99255, 99304–99337, 99341–99350). (Use 90785 in conjunction with 90832, 90833, 90834, 90836, 90837, 90838 when psychotherapy includes interactive complexity services.)
90839		Psychotherapy for crisis; first 60 minutes.
+90840		Psychotherapy for crisis; each additional 30 minutes.
90846		Family psychotherapy (without the patient present).
90847		Family psychotherapy (conjoint psychotherapy) (with patient present).
90849		Multiple-family group psychotherapy.
90853		Group psychotherapy (other than of a multiple-family group).
+90785		Interactive Complexity when added on to a psychotherapy code
H0004		BH counseling and therapy, per 15 minutes.
H0004	UT	BH counseling and therapy, per 15 minutes. (patient in crisis).
H0005		Alcohol and/or drug services; group counseling by a clinician.
H0015		Alcohol and/or drug services; intensive outpatient LOC - group counseling only
H0015	TG	Alcohol and/or drug services; partial hospitalization LOC - group counseling only

MH and SUD Coordination and Support Services

Behavioral Health Coordination and Support Services MH Conditions

CPT/HCPCS	Modifier	Description
H2017		Psychosocial Rehabilitation performed by QMHS (not LPN)
H2019		Therapeutic Behavioral Services performed by QMHS (not RN)
H0036		Community Psychiatric Supportive Treatment
H0038		Peer Recovery Support
H2023		Individual Placement and Support - Supported Employment, initial visit
H2025		Individual Placement and Support - Supported Employment, ongoing visits

Behavioral Health Coordination and Support Services SUD Conditions

CPT/HCPCS	Modifier	Description
H0006		Alcohol and/or drug services; case management
H0038		Peer Recovery Support

SUD Residential

SUD Residential Treatment, including withdrawal management

SUD Conditions

CPT/HCPCS	Modifier	Description
H0012		Alcohol and/or drug services; sub-acute detoxification (residential addiction program outpatient)
H0010		Alcohol and/or drug services; sub acute detoxification (residential addiction program inpatient). (3.2-WM)
H0011		Alcohol and/or drug services; acute detoxification (residential addiction program inpatient). (3.7-WM)
H2034		Alcohol and/or drug abuse halfway house services, per diem. (3.1)
H2036	HI	Alcohol and/or other drug treatment program, per diem. Cognitive Impairment. (3.3) New Beginnings
H2036		Alcohol and/or other drug treatment program, per diem. (3.5)
H2036	TG	Alcohol and/or other drug treatment program, per diem. (3.7)

Permanent Housing		<p>Permanent Supportive Housing</p> <p>Provides access both to affordable housing and to a flexible and comprehensive array of supportive services designed to help tenants to achieve and sustain housing stability and to move toward recovery. Housing is covered by Ohio tenant landlord law. PSH is an evidence-based practice for people with mental illnesses and is typically defined by the following features:</p> <ul style="list-style-type: none"> • Tenant households execute leases (or sub-lease) agreements with the same rights and responsibilities as other households renting housing in the community; • Supportive services are readily available to tenants, are designed to promote housing stability and include access to crisis services 24 hours a day, seven days a week; • Supportive services are flexible and individualized, adjusted to meet the tenants' evolving needs and preferences; • On-going participation in supportive services is not required for tenants to retain their housing; and • Access to the housing opportunity and the services is not time-limited. 	<ul style="list-style-type: none"> • Private Apartments, House, Duplex, Condo • Home Ownership • Supportive Housing • Section 8 Voucher • Housing First <p>MHB, Alpine, Dalton, Wood Pointe code M2200</p>	
		<p>A housing setting located in the community of the individual's choice and may be scattered site or a single site housing complex. Services and supports are not mandatory. May have some expectations which is agreed to within the lease if included in the housing. Supports can be on-site or off-site depending on individual need and specific setting.</p> <p>Length of stay is determined by the lease and individual not a program.</p>	<p>Recovery Residence</p> <p>Housing for individuals recovering from alcoholism or drug addiction that provides an alcohol and drug-free environment, peer support, and assistance with obtaining services. Other services may include addiction recovery aids, employment assistance, room and board, and various levels of recovery based services. House rules and administrative rules apply. Treatment services are received off site and billed separately, if applicable. Agency- or owner-operated with various levels of staff. Resident's often live in a congregate setting. May have a standard tenant landlord lease or general lease agreement with program rules. Recovery Housing levels are defined by the following features:</p> <p>Level 1: Peer-run, democratically run; housing often provided in shared living environments such as single family residences; most often no paid positions to run the housing. Support services include self-help and drug screening, house meetings.</p> <p>Level 2: Monitored by one house manager who screens potential residents; shared living environment such as single family residences; structured. Support services include self-help and drug screenings, no clinical services provided in house. Referral linkages to community based services may be available.</p>	<ul style="list-style-type: none"> • Level 1 Recovery Residence • Level 2 Recovery Residence • Sober House • Oxford <p>Recovery Housing code H0047</p>
		<p>Service Enriched Housing</p> <p>A housing setting (service-enriched housing) in which a person living in an apartment or shared living setting where he/she entered into an agreement that is NOT covered by Ohio tenant landlord law. Housing is contingent upon adherence to rules or specific services. Financial sponsorship and/or provision of some degree of on-site supervision. Will be ADAMH/CMH/ADAS Board or provider owner owned and managed.</p>	<ul style="list-style-type: none"> • OhioMHAS Licensed Type 2 or Type 3 • Adult Family Home • Adult Group Home • Next Step Housing • Supervised Group Living <p>SEH code M2200</p>	
Residential Care	<p>A congregate or shared living setting that includes room, board, and personal care as part of tenant rent. Depending on residents level of functioning and care needs, may have 24/7 staffing, and assistance with activities of daily living. Services are included and delivered as defined in license. A resident agreement that includes participation in services may be applicable. Residential Care is owned and operated by a private owner or provider agency.</p> <p>May or may not be a long term more permanent housing depending on level of care needed for the individual. This type of housing is licensed and is not subject to tenant landlord law but does require a resident agreement.</p>	<p>Group Home</p> <p>A congregate living environment to provide supervised care to individuals 18 years or older. Licensed by the state, includes room and board and may or may not include personal care or mental health services. Reasons for this placement level of care are more environmental in nature than psychiatric. May provide supervision, social services and accommodations, but treatment services are provided separately and service intensity will vary from client to client. May or may not be a long term more permanent housing depending on level of care needed for consumer.</p>	<ul style="list-style-type: none"> • Private Apartments, House, Duplex, Condo • Home Ownership • Supportive Housing • Section 8 Voucher • Housing First 	
		<p>Residential Care Facilities (Health)</p> <p>Licensed through the Ohio Department of Health — may or may not share a bedroom. Residential care facility" is a home that provides either of the following: (a) Accommodations for 17 or more unrelated individuals and supervision and personal care services for three or more of those individuals who are dependent on the services of others by reason of age or physical or mental impairment; mha.ohio.gov 2 OhioMHAS Housing Categories and Definitions — July 2014 (b) Accommodations for three or more unrelated individuals, supervision and personal care services for at least three of those individuals who are dependent on the services of others by reason of age or physical or mental impairment, and, to at least one of those individuals, supervision of special diets or application of dressings or provide for the administration of medication to residents to the extent authorized. Can be called Assisted Living.</p>	<ul style="list-style-type: none"> • Residential Care • Assisted Living • County Home • Group Home <p>Wrap Around and Subsidized Housing</p>	
		<p>Licensed ODODD Facility</p> <p>Refers to any Ohio Department of Developmental Disabilities-licensed group home or community facility (that is not an ICF-IID) where supervision, services and/or accommodations are provided. Examples: Group home for persons with developmental disabilities; Residential facility for persons with developmental disabilities.</p>		

		<p>Child Residential Care/Group Homes</p> <p>A congregate living environment licensed by a county or state department to provide care to children or adolescents. Reasons for this placement level of care are more environmental in nature than psychiatric. Child Residential Care/Group Home may provide supervision, social services and accommodations, but treatment services are provided separately and service intensity will vary from client to client.</p>	
Time-Limited/Temporary	<p>A short term setting that can include room, board, and/or personal care and supports. A setting that provides support needed for an identified length of stay per the program or agreement. Intention is for residents to return to previous housing setting; to move into a more permanent housing setting or a break from current housing. Most often Treatment and/or services are part of facility rules. NOT intended as a permanent housing environment. This setting is not subject to tenant landlord law and would not meet Home and Community Based Settings</p>	<p>Temporary</p> <p>Acute non-hospital, time-limited residential program with an expected length of occupancy and goals to transition to permanent housing. Includes room and board with referral and access to treatment services that are billed separately.</p>	
		<p>Transitional</p> <p>Time-limited, usually connected to a program with a completion timeframe. Services and supports required as part of program. Stay is not Resident driven.</p>	
		<p>Recovery Residence - Level 3 (IOP required)</p> <p>Supervised, organizational hierarchy with administrative oversight; found in all types of residential settings staffed by a facility manager. Certified staff or case managers, support services include life skills development, emphasis on clinical services. Services provided through the program are limited.</p>	<ul style="list-style-type: none"> Level 3 Recovery Residence
		<p>Recovery Residence - Level 3 (IOP NOT required)</p> <p>Supervised, organizational hierarchy with administrative oversight; found in all types of residential settings staffed by a facility manager. Certified peer support, support services include life skills development emphasis on non-clinical supports that may include employments services, daily living skills, social supports. Robust non-clinical programming designed to enhance retention in clinical services (if applicable) and provide recovery supports.</p>	<ul style="list-style-type: none"> Level 3 Recovery Residence
		<p>Crisis Care</p> <p>Provision of short-term care to stabilize person experiencing a psychiatric emergency. Offered as an alternative to inpatient psychiatric unit. Staff 24 hours a day/seven days a week. Treatment services are billed separately.</p>	<p>Crisis Unit code M2281</p>
		<p>Respite Care</p> <p>Short-term environment, it may or may not be 24-hour care. Reasons for this type of care are more environmental in nature. May provide supervision, services and accommodations. Treatment services are billed separately.</p>	
		<p>Foster</p> <p>Living situations in which the client resides with a non-related family or person in that person's home for purpose of receiving care, supervision, assistance and accommodations. Treatment services are billed separately. Licensed through the state.</p>	
Residential Treatment	<p>A facility/program that is staffed 24 hours a day/seven days a week and provides room, board, personal care and clinical services on-site as part of the treatment stay. Admission to the facility/program is determined by clinical and medical need.</p>	<p>OhioMHAS Type 1 Residential Facilities</p> <p>Provides room, board, personal care and certified mental health services to one or more adults, children or adolescents. The facility is licensed and certified by OhioMHAS. Reasons for this level of care are psychiatric or behavioral in nature environmental. Not a long-term placement as clinical services are on-site. For the purposes of this crosswalk, only the associated room and board for residents is considered.</p>	<ul style="list-style-type: none"> OhioMHAS Type 1 Residential Facilities
		<p>OhioMHAS Certified SUD Residential Treatment Program</p> <p>SUD residential treatment programs provide a structured environment for the delivery of SUD treatment. These programs operate 24 hours a day 7 days per week and 365 days per year and are staffed accordingly. SUD treatment is provided under program defined and developed policies and procedures and clinical protocols. For the purposes of this crosswalk, only the associated room and board for residents is considered.</p>	<ul style="list-style-type: none"> SUD Residential Treatment Programs New Beginnings 3.3 code A0740 Detox 3.2 code A0741
Housing Development	<p>Housing and Residential activities performed by a Board or a Provider that enhances client services and supports within the community.</p>		

OhioMHAS Prevention Services Guidance Document

Office of Prevention & Wellness

August, 2016

Prevention in Ohio is grounded in the public health model, which focuses on improving the well-being of populations. Public health draws on a science base that is multi-disciplinary and engages the entire community through the social-ecological model. Prevention aims to reduce underlying risk factors that increase the likelihood of mental, emotional and behavioral health disorders (MEB) and simultaneously to promote protective factors to decrease MEB health disorders. MEB health disorders include but are not limited to: substance use disorders, mental illness, suicide, problem gambling, etc.

This document demonstrates the continuum of prevention based services for MEB health disorders and contains definitions and explanations of how the six prevention strategies can be used to support comprehensive prevention efforts. It also provides guidance for funding and includes a chart showing the prevention activities under each strategy, what funding source can be utilized for each service, and takes into consideration the requirements of different funding sources for prevention services. Ohio's prevention system is fortunate to have several funding sources to provide prevention services; however, *it is imperative to keep in mind the selection of services provided and the funding source depends highly upon the population you are serving and the desired outcome.*

I. Definitions

Prevention

Prevention promotes the health and safety of individuals and communities. It focuses on reducing the likelihood of, delaying the onset of, or slowing the progression of or decreasing the severity of MEB health disorders.

Prevention services are a planned sequence of culturally appropriate, science-driven strategies intended to facilitate attitude and behavior change for individuals and communities. They can be direct or indirect.

- **Direct Services:** Interactive prevention interventions that require personal contact with small groups to influence *individual-level change* (ie: *classroom based program, parenting program, community training, etc.*).
- **Indirect Services:** Population-based prevention interventions that require sharing resources and collaborating to contribute to community-level change (ie: *compliance checks, media campaigns, advocacy, etc.*).

The term **primary prevention** is reserved for interventions designed to reduce the occurrence of new cases of MEB health disorders (IOM, 2009). Two criteria define primary prevention efforts:

- First, prevention strategies must be intentionally designed to reduce risk or promote health before the onset of a disorder.
- Second, strategies must be population-focused and targeted either to a universal population or to sub-groups with known vulnerabilities (selective and indicated populations) (IOM, 2009).

Primary prevention should include a variety of strategies that prioritize populations with different levels of risk. Specifically, prevention strategies can be classified using the Institute of Medicine Model of Universal, Selective, and Indicated, which classifies preventive interventions by priority population. The definitions for these population levels of risk are:

- **Universal:** “Targeted to the general public or a whole population group that has not been identified on the basis of individual risk. The intervention is desirable for everyone in that group” (IOM, 2009 p. xxix).
- **Selective:** “Targeted to individuals or to a subgroup of the population whose risk of developing mental, emotional or behavioral disorders is significantly higher than average. The risk may be imminent or it may be a lifetime risk. Risk groups may be identified on the basis of biological, psychological, or social risk factors that are known to be associated with the onset of a disorder. Those risk factors may be at the individual level for non-behavioral characteristics (e.g., biological characteristics such as low birth weight), at the family level (e.g., children with a family history of substance abuse but who do not have any history of use), or at the community/population level (e.g., schools or neighborhoods in high-poverty areas)” (IOM, 2009 p. xxviii).
- **Indicated:** “Targeted to high-risk individuals who are identified as having minimal but detectable signs or symptoms that foreshadow mental, emotional, or behavioral disorder, as well as biological markers that indicate a predisposition in a person for such a disorder but who does not meet diagnostic criteria at the time of the intervention” (IOM, 2009 p. xxvi).

These primary prevention interventions are fundable by any OhioMHAS prevention funding stream.

Early Intervention (previously known as secondary prevention)

Early intervention is an integral part of the continuum of prevention-based services. These interventions happen after serious risk factors have already been discovered or early in disease progression soon after diagnosis. The goal is to halt or slow the progress of disease in its earliest stages. Early interventions are implemented through a comprehensive developmental approach that is collaborative, culturally sensitive, and geared towards skill development and/or increasing protective factors.

The only OhioMHAS prevention funding streams that can fund early intervention services are Problem Gambling, General Revenue Funds (State GRF), Early Childhood Mental Health (ECMH), and if applicable the Mental Health Block Grant. These services can also be funded by local levy funds and other funds from foundations, civil organizations, etc. While early intervention and those interventions implemented to slow the progression or decrease the severity of a MEB health disorder are allowable prevention services, *the SAPT Block Grant prevention funding cannot be used on these services.*

Recovery Support (previously known as tertiary prevention)

Recovery support or relapse prevention focuses on helping people manage complicated, long-term health problems such as diabetes, substance use disorders, mental health disorders, etc. The goal is to prevent further physical deterioration and maximize quality of life. Ohio’s definition of recovery is, “the personal process of change in which Ohio residents strive to improve their health and wellness, resiliency, and reach their full potential through self-directed actions.”

Activities or interventions that are implemented to assist individuals with maintaining their recovery of an MEB health disorder are not classified as prevention services. These services are identified as recovery support or services that support individuals' abilities to live productive lives in the community.

Therefore, recovery services are not considered prevention services and cannot be funded by any OhioMHAS prevention funding stream, without exception.

Therefore, primary prevention services *exclude* clinical assessment, treatment, recovery support services, relapse prevention, case management (individualized assistance and advocacy to ensure that needed services are offered and procured) or medication services of any type. It also *excludes* working with only one individual at a time except in instances when a prevention professional must use the *Problem Identification & Referral Strategy* to screen and refer an individual enrolled in a direct prevention service that is identified as possibly needing or being able to benefit from services that exceed the scope of prevention.

Health Promotion

Health promotion interventions are universal efforts to enhance an individuals' ability to achieve developmentally appropriate tasks (developmental competence) and a positive sense of self-esteem, mastery, well-being, social inclusion, and to strengthen their ability to cope with adversity (IOM, 2009 p.66). These services can be provided across the entire continuum of care. The majority of these services can be funded by local levy funds, state funds and other funds such as foundations, civil organizations, etc. *Limited services in this category that meet the primary prevention definition may be funded under the SAPT Block Grant.*

II. Prevention Strategies

This updated guidance is based on a re-conceptualized model for how the Substance Abuse and Mental Health Services Administration/Center for Substance Abuse Prevention's (SAMHSA/CSAP) six prevention strategies are to be implemented for the greatest impact in Ohio's communities. Strategies implemented are based on the assessment of needs, resources and readiness conducted as part of the community planning process. This ensures funded prevention interventions will address community risk and protective factors to reduce MEB health disorders. All six strategies in appropriate proportions are needed as part of a comprehensive prevention approach. *Communities receive the greatest benefit when a comprehensive public health approach is used that combines all six strategies in the appropriate balance to address the needs of universal, selective and indicated populations in their own unique community* (IOM 2009, p.64).

- **Prevention education** and **environmental** strategies *are the two main* prevention strategies, because they have the intervention strength to influence attitude, behavior and status. *Therefore, conducting either **prevention education** or **environmental strategies** alone is considered prevention.*

- **Prevention Education:** This strategy focuses on the delivery of services to target audiences with the intent of influencing attitude and/or behavior. It involves two-way communication and is distinguished from information dissemination by the fact that interaction between educator/facilitator and participants is the basis of the activities. Activities influence critical life skills and social/emotional learning including decision-making, refusal skills, critical analysis and systematic judgment abilities. Prevention education is not equivalent to psychosocial education, which is helping a diagnosed individual increase awareness and knowledge of the nature, extent and harmful effects of their behavioral health disorder.

- **Environmental:** This strategy seeks to establish or change standards or policies to reduce the incidence and prevalence of behavioral health problems in a population. This is accomplished through media, messaging, policy and enforcement activities conducted at multiple levels in the social-ecological model.

- The following four supplemental strategies support the implementation of the two main strategies. *These strategies used individually do not constitute prevention.*
 - **Alternatives:** This strategy focuses on providing opportunities for positive behavior support as a means of reducing risk taking behavior, and reinforcing protective factors. Alternative programs include a wide range of social, cultural and community service/volunteer activities. **Alternative activities** must be conducted as a part of a larger comprehensive prevention effort. Otherwise, they are merely a fun activity that cannot be distinguished from healthy participation in community life.
 - **Community-Based Process:** This strategy focuses on enhancing the ability of the community to provide prevention services through organizing, training, planning, interagency collaboration, coalition building and/or networking. **Community-based process** activities are essential to effectively implementing an environmental strategy. Planning and meeting must result in the selection of either a prevention education or environmental strategy to allow for the return on investment of the community's resources invested in the coalition building, capacity building and planning processes.
 - **Information Dissemination:** This strategy focuses on building awareness and knowledge of behavioral health and the impact on individuals, families and communities, as well as the dissemination of information about prevention services. It is characterized by one-way communication from source to audience. **Information dissemination** provide a foundation for community-based process to engage and mobilize communities into action. Although prevention strategies can be implemented without the foundation of information dissemination and community-based process, these interventions tend to lack the benefits resulting from broad-based community support and opportunities for expansion and quality improvement.
 - **Problem Identification & Referral:** This strategy focuses on referring individuals who are currently involved in primary prevention services and who exhibit behavior that may indicate the need for a behavioral health assessment. This strategy does not include clinical assessment, treatment for behavioral health disorders, or SBIRT (Screening Brief Intervention and Referral to Treatment) services. The **problem identification and referral** strategy is implemented when an individual enrolled in a direct service is identified as possibly needing or may benefit from services that exceed the scope of prevention.

III. Funding Ohio's Prevention Service System

OhioMHAS primarily supports the prevention service delivery system through allocations to the Mental Health/Alcohol and Drug Addiction Services Boards. A small amount of grant funds are also utilized to support state-wide initiatives.

Prevention Certification

Agencies providing prevention services and strategies funded through OhioMHAS must be prevention certified unless exempted through administrative rule, and must be staffed by qualified, credentialed individuals as described in administrative rule (<http://codes.ohio.gov/oac/5122-29-20>). Workforce development expenses specifically related to evidence-based prevention approved by the Ohio Chemical Dependency Professionals Board for prevention registered clock hours are allowable under all funding sources. Allowable expenses include training that contributes to, and the application fee for, the Ohio Certified Prevention Assistant, Specialist, and Consultant credentials and renewals. OhioMHAS prevention funding cannot be used to support training and application expenses for credentials other than the three listed.

Billing Method

Community prevention efforts benefit all Ohioans through a number of programs at the local and state levels. A fee for unit of service billing method is not optimal for funding modern, public health approaches to community prevention, because the unit method is based on a treatment model of providing discrete services to individuals. OhioMHAS strongly recommends that communities explore other billing methods that facilitate the integration of OhioMHAS funded strategies with those funded by other federal, state and local entities into a comprehensive plan for collective community impact.

SAPT Block Grant and General Revenue funding

All prevention interventions funded through Substance Abuse Prevention and Treatment (SAPT) Block Grant and State General Revenue Funds (GRF) must be in alignment with federal prevention National Outcome Measures, be based on data-driven decision-making, provide some level of evidence (according to SAMSHA's definitions <https://captus.samhsa.gov/prevention-practice/defining-evidence-based/samhsa-criteria>) of prior effectiveness, and produce measureable outcomes reported annually.

*Any activity that is not primary prevention or that is not specifically substance abuse prevention is not permitted to be funded with Substance Abuse Prevention and Treatment (SAPT) Block Grant prevention funding . (See 45 CFR 96.124 and 45 CFR 96.125.) Therefore, services such as Screening, Brief, Intervention & Referral to Treatment (SBIRT), testimonials by individuals in recovery, needle exchanges or other HIV prevention activities, food purchases that are not inherently part of an evidence-based program, case management, which includes continual individualized assistance and advocacy to ensure that needed services are offered and procured or any relapse prevention such as psycho-social education for individuals in recovery are *not* permitted to be funded with OhioMHAS SAPT Block Grant prevention funds. Additionally, overdose prevention drugs such as Naloxone or projects related to overdose prevention such as Project DAWN are also *not* permitted to be funded with any OhioMHAS SAPT Block Grant prevention funds, without exception. These types of projects are medical interventions not behavioral health prevention interventions. Although, SAMHSA does allow for SAPT prevention funds to be utilized to support overdose prevention education, the redirection of primary prevention dollars from community resources to support this effort is unnecessary. The Ohio Department of Public Safety has already developed a local naloxone education assistance training for EMS, which is available free online, and the Ohio Department of Health provides overdose education and naloxone distribution programs in which training is provided by a trained opioid overdose prevention educator. Also, no administrative services are permitted to be provided with SAPT Block Grant prevention set-aside funds unless they are directly related to the cost of the program and can be justified as such.*

Funding Alignment

Advocacy		X	X		X	X		
Environmental Scan		X	X		X	X		
Establish/Review/Change Policy or Practice for Community, School or Workplace (i.e. Environmental Codes, Ordinances, Regulations and Legislation)		X	X	X	X	X		
Community Based Process Focuses on enhancing the ability of the community to provide prevention services through organizing, training, planning, interagency collaboration and coalition building. This strategy is not designed to be conducted alone but as a part of a comprehensive evidence-based approach.	Direct	Indirect	SAPT Block Grant	MHBG	Problem Gambling	State GRF	Local Levy Funds	Medicaid
Coalition Building (Strategic Planning Framework: Assessment, Planning, Capacity Building & Evaluation)	X		X	X	X	X	X	
Multi-Agency Coordination and Collaboration	X		X	X	X	X	X	
Community and Volunteer Training	X		X	X	X	X	X	
Organization/Facilitation of Focus Groups, Listening Sessions and Town Hall Meetings	X		X	X	X	X	X	
Information Dissemination Focuses on building awareness and knowledge of behavioral health and the impact on individuals, families and communities, as well as the dissemination of information about prevention services. It is characterized by one-way communication from source to audience. This strategy is not designed to be conducted alone but as a part of a comprehensive evidence-based approach.	Direct	Indirect	SAPT Block Grant	MHBG	Problem Gambling	State GRF	Local Levy Funds	Medicaid
Mass Media Message (Billboard, Press Release, PSA, TV/Radio Spot)		X	X	X	X	X	X	
Speaking Engagement/Webcasting		X	X	X	X	X	X	
Tool Kit		X	X	X	X	X	X	
Alternatives Focuses on providing opportunities for positive behavior support as a means of reducing risk taking behavior, and reinforcing protective factors. Alternative programs include a wide range of social, cultural and community service/volunteer activities. This strategy is not designed to be conducted alone but as a part of a comprehensive evidence-based approach.	Direct	Indirect	SAPT Block Grant	MHBG	Problem Gambling	State GRF	Local Levy Funds	Medicaid
Youth and Adult Leadership Activities	X		X	X	X	X	X	
Community Events Targeting Risk/Protective Factors	X		X	X	X	X	X	
Mentoring	X		X	X		X	X	

Problem Id & Referral Focuses on referring individuals currently involved in primary prevention services and who exhibit behavior that may indicate a need for a behavioral health assessment. This strategy is not designed to be conducted alone but as a part of a comprehensive evidence-based approach. It does not include clinical assessment and/or treatment for behavioral health disorders. It also does not include SBIRT.	Direct	Indirect	SAPT Block Grant	MHBG	Problem Gambling	State GRF	Local Levy Funds	Medicaid
Referral to Drug-Free Workplace Programs/EAP Programs	X		X	X	X	X	X	
Referral to Student Assistance Program Services	X		X	X	X	X	X	
Consumer Advocacy and Linkage	X		X	X	X	X	X	