Guidelines and Operating Principles for Residency Determinations Among CMH/ADAS/ADAMHS Boards

1. The purpose of these guidelines and operating principles is to clarify what is to take place, in terms of Board responsibilities and residency determinations, when clients seek services outside their service district of residence.
2. For the purposes of MACSIS, the county of assigned residency determines into which Board's service system (i.e. group and plan) an individual is to be enrolled. In special circumstances a client may live in a Board area which differs from that to which residency/enrollment has been legitimately and appropriately assigned.
3. A fundamental tenet that is to guide residency policy and its interpretation is that continuity-of-care is paramount and that responsibility to ensure this in instances of out-of-district placement or referral should rest ultimately with the "home" Board from which the client came. A Board should not be in a position to shift this responsibility by facilitating the relocation of clients to facilities or services which lie outside its service district. The "home" Board to which a client's residency is assigned should carry the following responsibilities (some of which may be delegated to another entity):
    a. Assuring reasonable client access to the services called for in the Board's approved Community Plan in a fair and equitable manner.
    b. Enrolling eligible persons in its benefit plans in accordance with the applicable business rules and providing for the provision and management of these benefits.
    c. Serving as the local authority for funding, contracting, coordinating, monitoring, and evaluating services. These responsibilities include clinical oversight and utilization review responsibilities as authorized by Chapters 340 and 5122 of the Revised Code.
    d. Providing the necessary financial resources (to the extent such resources are available to the Board).
4. Residency determinations are to be based upon the following:
    1. For mental health clients, the statutory provisions contained in ORC 5122.01(S), which read as follows:
    2. *"Residence" means a person's physical presence in a county with intent to remain there, except that if a person (1) is receiving a mental health service at a facility that includes nighttime sleeping accommodations, residence means that county in which a person maintained his primary place of residence at the time he entered the facility, or (2) is committed pursuant to section 2945.38, 2945.39, 2945.40 2945.401 [2945.40.1], or 2945.402 [2945.40.2] of the Revised code, residence means the county where the criminal charges were filed.*
    3. For alcohol/drug clients, the definition of residency established by OhioMHAS, which reads as follows:
    4. *"Residence means a person's physical presence in a county with intent to remain there, except that, if a person is receiving alcohol or other drug addiction services from a program that includes nighttime sleeping accommodations, residence means that county in which the person maintained his/her primary place of residence at the time he/she entered the program."*

5. All policies involving residency-related issues are to be consistent, whether mental health or alcohol/drug issues are involved. There are not to be differing residency determinations/assignments depending upon the nature of the diagnosis, type of service, or sources of financial support. Accordingly, OhioMHAS shall adhere to a policy of reciprocity, wherein each shall defer to the other in the determination of when residency remains with a "home" Board because of a client's placement in a special residential program or facility or because of other unusual circumstances.

6. The provisions of ORC Section 5122.01(S) and the OhioMHAS definition of residency shall be construed to apply to all specialized residential programs or facilities in which clients are placed because of their need for treatment, supervision/support, or other specialized services, with this principle to be defined and operationalized as follows:
    . A primary criterion for what constitutes a specialized residential program or facility shall be that it is subject to licensure (or some comparable certification).
    a. The type of facilities encompassed includes hospitals, nursing homes, OhioMHAS-licensed certified residential facilities, ODH-licensed Adult Care Facilities, mental retardation group homes, ICF/MR'S, rest homes, drug/alcohol residential programs, crisis shelters, foster-care homes, etc..
    b. The term "mental health services" is to be construed broadly to encompass all those items contained in OAC 5122-25-02(B) and ORC Section 340.09 and the term "alcohol or other drug addiction services" shall include all those alcohol/drug services identified in OAC 3793:2-1-08 through 17.
    c. The phrase "receiving (MH or AOD) services at a program/facility" is to be understood to mean "while on the rolls of the program/facility." It is not necessary either for the services to be provided "on the premises of the program/facility" or "by an employee of the program/facility." Likewise, it is not necessary for said services to be officially certified for the purposes of residency determination.
    d. There is to be no "statute of limitations" on designated residency remaining with the "home" Board for persons placed in specialized residential programs/facilities that lie outside its service district.
    e. Designated residency shall remain with the "home" Board regardless of whether it was directly involved in facilitating placement in an out-of-district specialized program/facility.
    f. Residency shall not remain with the "home" Board in those situations where a client is placed for an indefinite period in a facility for reasons having nothing to do with mental health or alcohol/drug needs and then develops such problems subsequent to placement. However, no discharge directly from a state hospital to a facility shall cause a change in residency, regardless of the reasons for the discharge.

7. The interpretation of the provisions of ORC Section 5122.01(S) and the OhioMHAS definition of residency in regard to "intent to remain" shall be guided by the following:
    . "Intent to remain" is to be interpreted to mean a person's expressed or reasonably implied intent, together with actions which taken as a whole indicate a desire to remain permanently in the county. There can be no intent to remain when a person is visiting, transient or present in a county for only a time-limited specific purpose.
    a. In addition to stated intent, which shall be given primacy, the following are other factors which may be considered in assessing whether a person's actions demonstrate intent to be a resident:
        - mailing address
        - voting
        - car registration
        - job or other vocational efforts
        - payment of taxes
        - location of family
        - general conduct.
            i. Where a client lacks the capacity to communicate clearly or is unwilling to state an intent (and there is no compelling evidence to think otherwise), it shall be assumed that the client intends to remain in the service district he/she is currently located.
            ii. Boards and their agents are not to be involved in efforts to coerce or unduly influence client intent vis-a-vis residency.
8. Residency for children is to be determined by the residency of the parents (or guardian) and should change when the parents move (even when this occurs in the middle of a hospitalization or residential placement). When temporary or permanent legal custody of a child has been awarded to some other official entity (such as a CSB, ODYS, etc.), residency should remain with the "home" Board of the county where the court which ruled maintains jurisdiction.
    . This guideline is not intended to resolve boundary issues between the responsibilities of Boards versus those of CSB's, juvenile courts, DYS, etc.. Rather, it is intended to clarify that it is the responsibility of the "home" Board to work through such matters for its clients.
    a. Persons with handicapping conditions who consequently may remain in the custody of a CSB, etc., through their 21st year shall be considered to be children for the purposes of these guidelines.
9. The interpretation of these residency provisions for children is to be guided by the provisions of ORC Sections 3313.64(A)(1 and 4), 3313.64 (C)(2), and 2151.35, which deal with the determination of local responsibility within the educational system.

10. For clients committed pursuant to ORC Sections 2945.38, 2945.39, 2945.40 2945.401 [2945.40.1], or 2945.402 [2945.40.2] of the Revised code, residency shall remain with the Board of the service district in which the charges were filed only for as long as the client remains in a forensic status. If and when the client's status reverts to a civil commitment, at that point the client's residency shall be changed to that to which it would be for non-forensic clients (i.e. the "home" Board from which the client originally came). For those clients who may be in a non-hospital setting when their commitment status changes, residency should be determined by type of facility and/or intent, depending upon the circumstances. When residency shifts because of a change in forensic status, the Board from which residency is being shifted is to give timely notice to the new Board of residency.
11. Where special circumstances, such as result from unusual geographic boundaries, create situations where the applicability of the residency criteria in the law may be especially problematic, the Boards involved may negotiate a "Memorandum of Understanding" as to how various issues will be addressed, rather than repeatedly disputing individual cases.
12. A Board (directly or through its contract agencies) may receive requests for services from a client whose residency rests with the Board of another service district (with this encompassing clients involved in emergencies while away from home, clients wishing to travel to receive non-emergency services from a provider in another district, and clients placed in a specialized residential facility who seek additional services beyond that which the facility itself may provide). Such requests for services from non-residents should be dealt with as follows:
    . Services other than emergency/crisis services and Medicaid-billable services should remain the sole responsibility of the "home" Board of residency, with this responsibility understood to encompass the items listed in section #2 of this document.
    a. The Chief Clinical Officer (or designee) of the "home" Board should be responsible for determining what services may be clinically necessary and appropriate for an individual seeking services outside of his/her "home" district. The "home" Board should bear ultimate responsibility for overseeing and supporting the provision of appropriate out-of-district services (to the extent they are approved as being consistent with the Board's Community Plan and sufficient financial resources are available).
    b. For non-Medicaid services, a Board may have "preferred providers" (i.e. its contract agencies) and expect residents seeking Board-subsidized services to use these organizations.
    c. Non-emergency services may be provided to out-of-district clients by either the "home" Board of residence or the Board from which the client is seeking services. However, no Board should be expected or assumed to provide ongoing, non-emergency services to out-of-district clients without its explicit consent and without a mutually agreeable reimbursement mechanism having been negotiated. All Boards should adopt official policies and procedures which layout how it will respond to requests of its residents who seek services outside the Board's service district.

d. Anytime an SMD client is placed in an out-of-district residential facility with the involvement of the public community mental health system, the "home" Board should notify the Board where the facility is located and work out matters of service coordination and continuity-of-care.
e. Contract agencies are free to serve whomever they wish with funds other than those provided pursuant to a contract with a Board.

13. A person incarcerated in an out-of district jail facility shall remain a resident of the district from which he/she came. However, to facilitate and support Board-sponsored programs for the provision of services to a local jail facility, by mutual agreement a temporary re-assignment of a jail inmate to a plan of the local Board may be effected. Upon release from the jail facility, the plan assignment shall revert to the original Board of residence.
14. Residency disputes are to be addressed as follows:
    . Ultimate responsibility for resolving residency disputes shall rest with OhioMHAS, whose decisions shall be binding.
    a. OhioMHAS shall officially adopt and distribute these "Guidelines and Operating Principles" (along with any subsequent modifications), with the explicit understanding that they are to be followed in the determination of residency.
    b. Boards are expected to work out routine questions of residency among themselves without resorting to an official dispute resolution process.
    c. As the initial step in the formal dispute resolution process, the Board which believes that an individual's residency has been inappropriately determined is to contact the Board it believes is the proper Board to which residency should be assigned. This is to be done in writing and, unless there are extenuating circumstances, is to take place within ten working days of the time a Board first becomes aware that a residency assignment may need to be questioned.
    d. After receipt of the written statement initiating the residency dispute process, the two Boards shall have five additional working days to agree upon the appropriate residency designation. If the matter remains unresolved, either Board may refer the matter to OhioMHAS for final resolution. This shall be done in writing and shall occur immediately upon expiration of the five working days during which the Boards are to attempt to resolve the matter between themselves. The Director of OhioMHAS (or his/her designee) shall make a final determination about residency within ten additional working days, during which time the Boards involved in the dispute and other relevant parties (including, where appropriate, the client) are to be contacted. A written determination, including the rationale for the decision, is to be provided to both Boards.
15. A public record (with client names deleted) of precedents for how residency disputes are resolved by OhioMHAS is to be maintained, so as to serve as a guide for dealing with subsequent disputes.

16. While residency questions are being resolved, essential client services are to be maintained, with the primary responsibility for this to rest with the Board from whose system an individual is receiving services. As part of the resolution of a residency dispute, it shall be determined which Board shall be responsible for the costs of treatment services provided during the period of the dispute. In cases where the appropriate state agency determines that a Board other than the Board which paid for the services is the appropriate Board of residence then the Board which paid for the cost of service will invoice the Board of residence. The Board of residence will be expected to pay the Board of service within a reasonable amount of time.
17. No Board is to alter an individual's residency/plan assignment within MACSIS without the explicit approval of the other affected Board or a formal OhioMHAS resolution of a residency dispute. (Normal practice should be for the receiving Board to effect a residency change in MACSIS.)
18. Nothing in this document should be interpreted as precluding two Boards from effecting a transfer of residency responsibilities when they mutually determine this to be in the best interest of a client.
    . These guidelines deal only with inter-Board residency issues and are not intended to address situations where individuals may be placed or seek services across state lines. It is felt that the issues involved are enough different to warrant separate consideration.

Criminal Justice System

December 20, 2000

TO: Executive Directors, ADAS/ADAMHS/CMHS Boards
FROM: Director Luceille Fleming, OhioMHAS; Director Michael Hogan, OhioMHAS
RE: Criminal Justice System and Residence Determinations

As part of the Multi-Agency Community Services Information System (MACSIS) implementation by the Ohio Department of Mental Health & Addiction Services (OhioMHAS), many questions have arisen concerning how to determine the "county of residence" for a client who has recently been under the auspices of the Ohio Department of Rehabilitation and Correction (ODRC) system and is in need of alcohol and other drug or mental health services.

A workgroup, consisting of representatives from OhioMHAS, ODRC, and Alcohol and Drug Addiction Services (ADAS) Boards, Community Mental Health Services (CMHS) Boards, Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Boards and in conjunction with provider input, believes the "Guidelines and Operating Principles for Residency Determination among CMH/ADAS/ADAMHS Boards" document is adequate for determining county of residence in this situation. Former offenders should be treated, for residence determination purposes, in the same manner as any other individual in the State of Ohio. Primacy for determining county of residence shall be upon the individual's statement (i.e., expressed intent to remain) and/or upon the individual's county of residence prior to becoming a charge of the ODRC system.

The applicable section of the residency determination guidelines can be found on page 3, paragraphs 6. a. and b. ODRC will bear the financial responsibility for necessary drug and alcohol and/or mental health services provided to Transitional Control inmates housed in halfway houses contracted with ODRC. When a person transitions from an inmate status to a non-inmate status, eligibility for and the financial responsibility for alcohol and other drug and/or mental health services should be determined as it would be for any other Ohioan. The attached documents, including an inmate versus non-inmate status matrix developed by ODRC and shared and reviewed by the workgroup, should be used in determining when an individual's services are the responsibility of ODRC and when the individual's services become the responsibility of the community alcohol and drug and/or mental health system.

Inmate Status	Non-Inmate Status
Halfway House Population: Transitional Control Offender (ODRC Jurisdiction) Prison (ODRC Jurisdiction)	Halfway House Population: Parole/Post-Release Control/Probation/Community Control
CBCF (County/Court Jurisdiction) Jail (County/Sheriff Jurisdiction)	Non-Halfway House Population: Parole/Post Release Control

Jails and CBCF's (Community-Based Correctional Facilities)
A person in a jail is considered an inmate.

ODRC does not provide MH or AoD funding for jails but does set standards by which jails are to provide substance abuse and/or mental health treatment services.

A person in a CBCF is considered an inmate of a correctional institution and is under the jurisdiction of a common pleas court.

Either of these persons is still a resident of his/her home county.

In many communities the local ADAS/ADAMHS/CMHS Board has traditionally, through a voluntary collaborative arrangement with the local Judicial Corrections Board, made arrangements for the CBCF to utilize local AoD and MH agencies for the provision of needed services.

These scenarios are covered by section 11 of the "Guidelines and Operating Principles for Residency Determinations Among CMH/ADAS/ADAMHS Boards."

A person incarcerated in an out-of-district jail facility shall remain a resident of the district from which he/she came. However, to facilitate and support Board-sponsored programs for the provision of services to a local jail facility, by mutual agreement a temporary re-assignment of a jail inmate to a plan of the local Board may be effected. Upon release from the jail facility, the plan assignment shall revert to the original Board of residence.

Halfway House
ODRC currently contracts with 24 halfway houses throughout the state. All of these facilities house individuals who are considered non-inmates, with the exception of those facilities which serve Transitional Control offenders. Transitional Control (or furlough) clients are considered inmates and their services are the responsibility of ODRC. At which time an offender is no longer under Transitional Control status and is transferred to another status, such as parole or post-release control, and expresses an "intent to remain" in the county, the offender may be referred to community agencies and is eligible for services as any other resident of that county.

Appendix A: Guidelines and Operating Principles for Residency Determinations Among CMH/ADAS/ADAMHS Boards

Guidelines to be used in determining the county of residency for:

- **College Students**
- **Homeless Clients**

- **Migrant Workers**
- **Out-of-State Clients**

Please note: These guidelines address county of residency determinations for MACSIS enrollment/ plan/ panel assignment and not State Hospital county of residency issues.

College Student Guideline

As referenced in "The Guidelines and Operating Principles for Residency Determinations Among CMH/ADAS/ADAMHS Boards" (Page 4, Section 8), the residency for children is to be determined by the residency of the parent(s)/or guardian(s) and should change when the parent(s)/guardian(s) move (even when the move occurs in the middle of a hospitalization or residential placement).

The primary question to use in determining whether or not this guideline is applicable is: "Is the student an IRS Tax Dependent?" If the student is, then the board area in which the parent(s)/guardian(s) reside is the child's county of residence. The student is to be enrolled in one of that county's plan(s)/panel(s).

If the student is not considered an IRS Tax Dependent, then the following is to be taken into consideration for county of residency determination:

- Is the student emancipated?
- Is this a graduate level student?
- Does this student have dependent children?

Students who fall within these criteria should have further screening to determine actual county of residency. Please reference the Guidelines and Operating Principles for Residency Determinations among CMH/ADAS/ADAMHS Boards (Page 2, Section 4). Has the client/student established residency or expressed the intent to remain? If the client has, then the Board must enroll that student as a resident of their county.

If it is an out-of-state college student, enrollment criteria should be developed and implemented by the local Board. These students should be enrolled using the address of the parent(s)/guardian(s) and using "OUTSTATE" in the Sales Rep field.

Homeless Client Guideline

These clients are to be enrolled in a plan/panel of the board in which they present for services (a type of rolling enrollment).

Example: The client was originally enrolled in a plan/panel of the Franklin County ADAMHS Board. This client subsequently presents in Montgomery county for services and claims to be homeless (please note that this client can claim an address of homeless or an address of a homeless shelter). The Montgomery County ADAMHS Board should assume responsibility for the client's services by transferring enrollment into one of their plan/panel combinations. If this client continues their journey and presents for services in Butler county two months later and again claims to be homeless, the Butler County Boards should assume responsibility for the client's services by transferring enrollment into one of their plan/panel combinations. Please note, it is intended for MACSIS to track this type of client to assist in identifying such populations and their need for continuity of care.

How to process enrollments/transfers in MACSIS:

A. Client not previous enrolled. Board are in which the client presents as homeless should enroll immediately for benefits. Note: A client in this situation should NEVER be terminated for benefits prior to another board assuming responsibility.
B. Client previously enrolled. If the client is already enrolled in another Board's plan/panel, then the Board in which client has presented for services and stated homelessness MUST immediately transfer the client into one of their plan/panel combinations. As previously noted above, a client in this situation should NEVER be terminated for benefits prior to another board assuming responsibility.

Migrant Worker Guideline

The following guideline is applicable to Legal Migrant Workers. (Illegal Migrant workers are still under discussion, however, it was noted that boards should be utilizing the "Out of County Service Matrix" when dealing with these clients.)

These clients are to be enrolled in a plan/panel of the board in which they present for services (a type of rolling enrollment).

Please reference the "Homeless Client Guideline" above.

Out-of-State Client Guideline

How to handle the enrollments within MACSIS:

A. If the client has a valid Ohio Medicaid card, then the Board in which the client has presented for service should enroll the client in one of their plan/panel combinations or if the client has previously been enrolled, immediately transfer the client to one of their plan/panel combinations.
B. If the client does NOT have a valid Ohio Medicaid card, then the Board could exercise their local option to enroll these clients for service. (Please reference the enrollment guideline for out of state college students.)

Out of County Enrollment Process
Normal Out of County Enrollment Process

Step 1 Provider determines client's county of residence.
It is the Provider's responsibility to obtain sufficient documentation to determine the client's county (Board) of residence. It is in everyone's best interest for the provider to obtain as much information as possible to assist in the residency determination process. This information is essential to quickly and correctly identifying a client's correct residence.

Step 2 Provider completes enrollment form, after client has signed release and authorization to bill.
The Provider is responsible for discussing the Notice of Enrollment with the client and obtaining all releases and disclosures per the confidentiality guidelines.

Step 3 Provider faxes form to enrollment center for the board where the client resides.
Once the Provider has determined the residency of the client, the Provider must fax the enrollment form to that Board's enrollment center to begin the enrollment process. The Provider must indicate on the enrollment form that releases have been obtained for that specific Board area.

Step 4 Board enrolls the client or works with the provider to clarify questions.
Upon receipt of an enrollment form from a Provider that is treating a client who is a resident of that Board area, the Board's enrollment center should look up the client, enroll the client if not already in MACSIS, and then return to the provider the client's UCI, plan assignment and rider information. If there are points of clarification, the Board is responsible for making contact with the Provider to resolve any questions.

Step 5 Board faxes back UCI to provider.
It is recommended that no more than 5 business days (1) should separate the faxing of the enrollment form from the provider to the board and the receipt of the UCI by the provider. The provider will then use the UCI to bill for services. Medicaid clients receiving Medicaid certified services will be paid and non-Medicaid clients and non-Medicaid services will be subject to the Out of County guidelines.

Disputed Out of County Enrollment Process (for Providers)

Step 1 Provider follows Normal Enrollment Process
In all cases, the Provider should follow the process established for a normal out of county enrollment. It is in everyone's best interest for the provider to obtain as much information as possible to assist in the residency determination process. This information is essential to quickly and correctly identifying a client's correct residence. Examples of documentation that can be used to establish a client's residency include:

- Driver License
- State ID Card
- Lease agreement
- Adoption or custody papers
- Statement from Client (Signed and Witnessed) Indicating Residency

Step 2 Board of Residency Refuses to Enroll an Out of County Client
If the Board (where the Provider determines the client resides) refuses to enroll the client or fails to provide a UCI within ten business days, the provider should contact the MACSIS Support line.

Step 3 MACSIS Support Line Enrolls Client
The Provider will provide the MACSIS Support line with copies of the enrollment form and all supporting information that was provided to the Board. As soon as the proper documentation has been received, the MACSIS Support Line staff will send an email to the affected board and wait 1 working day before doing the enrollment. This is to provide time for the affected board to become aware of the issue. (2)

The MACSIS Support Line staff will enroll the client in a generic plan of the Board where the client resides. The MACSIS Support Line will follow the rules as outlined in the Summary Matrix that was included in the December 7, 1999 joint memo from Carolyn Givens and Rick Tully titled: Out-of-County MACSIS Enrollment. A copy of the body of that memo will be included as an attachment to this Guideline.

Note: Providers should be aware that non-Medicaid clients that are not in Crisis WILL NOT be enrolled per the Summary Matrix included in this notice.

The MACSIS Support line Staff will then electronically notify both the Board where the client has been enrolled and the provider that is treating the client, with the enrollment information.

Step 4 Residency Dispute Claim Submitted
If the board where the client is enrolled disputes the residency determination and action taken by the MACSIS Support Line, the Board may file a formal residency dispute following the established RDD Guidelines.

(1) The expectation remains that the majority of enrollments will occur within two (2) to five (5) days. It is understood, however, that exceptional circumstances will occur, particularly with out-of-county enrollments. In no event, however, should any enrollment, in-county or out-of-county, take longer than ten (10) days.

(2) The Macsis Support Line is not responsible for settling residency disputes and therefore, should not be expected to respond to board disputes which might result from the e-mail notification. They will continue, as outlined in this procedure (i.e., enrolling the client) and the disputing board must then file the appropriate dispute as noted in the RDD guidelines.

Out of County Enrollment Letter

December 7, 1999

From: Carolyn Givens, Rick Tully
Re: OUT-OF-COUNTY MACSIS ENROLLMENT

We are writing to clarify requirements for enrollment of clients who seek services from provider organizations outside their Board service district of residence. These clarifications in no way modify the Guidelines and Operating Principles for Residency Determinations Among CMH/ADAS/ADAMHS Boards. Rather, we seek to clarify procedural requirements for enrollment of clients in the following circumstances:

- Enrollment of Medicaid eligible persons who seek services from provider organizations outside their Board service district in either emergency or non-emergency situations.
- Enrollment of non-Medicaid eligible persons who seek services from provider organizations outside their Board service district in emergency situations.
- Enrollment of non-Medicaid eligible persons who seek services from provider organizations outside their Board service district in non-emergency situations.

Because of fundamental differences in statutory requirements governing mental health and alcohol/drug addiction services, these requirements are presented in separate narrative sections below. A single matrix, also set out below, summarizes requirements for each of the two systems.

Mental Health & Addiction Services

Enrollment of Medicaid eligible persons who seek services from provider organizations outside their Board service district in either emergency or non-emergency situations. In these circumstances such persons must be enrolled with the appropriate Board residence of pursuant to the MACSIS enrollment guidelines. The reason enrollment is required is the Board of residence is responsible for paying Medicaid claims, even in out-of-county non-emergency situations.

Enrollment of non-Medicaid eligible persons who seek services from provider organizations outside their Board service district in emergency situations.
In these circumstances, such persons must be enrolled with the appropriate Board of residence pursuant to the MACSIS enrollment guidelines. The reason enrollment is required is the Board of residence is responsible for paying non-Medicaid claims for Crisis Intervention and Pre-hospitalization Screening services in emergency situations for a period up to 72 hours.

Enrollment of non-Medicaid eligible persons who seek services from provider organizations outside their Board service district in non-emergency situations.
In these circumstances the provider organization is not required to enroll such persons. However, the provider organization should refer such persons to the Enrollment Center (a complete listing will be posted on the MACSIS Website) for the person's Board of residence in order to be linked with the appropriate provider organization. The out-of-county provider organization should offer the person assistance in contacting the Enrollment Center for the person's Board of residence. Such assistance in referral will better ensure appropriate continuity of care.

Medicaid: Enrollment of Medicaid eligible persons who seek services from provider organizations outside their Board service district in either emergency or non-emergency situations.
In these circumstances such persons must be enrolled with the appropriate Board residence of pursuant to the MACSIS enrollment guidelines. The reason enrollment is required is the Board of residence is responsible for paying Medicaid claims, even in out-of-county non-emergency situations.

Non-Medicaid
OhioMHASrecognizes non-Medicaid services, out-of-county services, emergency services or clinically appropriate services as:

- Level I Services (Assessment, Individual counseling, Group Counseling, Case Management, Crisis Intervention, Alcohol/Drug Screening Analysis, Medical/Somatic, Methadone Administration and Intensive Outpatient Services, plus)

- Levels III and IV Detoxification Services

Non-Medicaid clients who present for services out-of-county are eligible for Board funding under the same considerations as if the clients presented for services in their home county. Level I services and Levels III and IV detoxification services may be provided for three days or until linkage to treatment is established in the "home county." If out-of-county treatment is to extend beyond three days, the out-of-county placement must be approved by the home board. It is essential that collaborative efforts occur between providers and Boards to establish arrangements for a client's continued care.

Out-of-County MACSIS Enrollment Summary Matrix

Circumstances	MH	AOD
Medicaid eligible person - emergency or non-emergency	Enrollment: Must enroll. Services: Any Medicaid covered service.	Enrollment: Must enroll. Services: Any ODADAS Medicaid covered service.
Non-Medicaid eligible person - emergency	Enrollment: Must enroll. Services: Pre-hospitalization and Crisis Intervention for up to three days (72 hours).	Enrollment: Must enroll Services: Level I Services: (assessment, individual counseling, group counseling, crisis intervention, case management, alcohol/drug screening analysis, medical /somatic, intensive outpatient and methadone administration) plus Levels III and IV detoxification services for three days or until linkage to treatment is established in the "home county".
Non-Medicaid eligible person - non-emergency	Enrollment: Not required. Services: Not required to pay for services.	Enrollment: Must enroll Services: Level I services plus Levels III and IV detoxification services for three days or until linkage to treatment is established in the "home county"