

***Delivering Behavioral Health Services
Via Telehealth During COVID-19 State of Emergency
Part II***

*OhioMHAS Certified Community
Behavioral Health Centers (CBHCs)*

August 27, 2020 10 am – 11:30 am



Department of
Medicaid



Department of Mental Health
and Addiction Services

Frequently Asked Questions

1. *Will these slides be available after the webinar?*

Yes. You can download today's slides during the webinar from the "Handouts" pane. They are also posted at the following websites: <https://mha.ohio.gov/Health-Professionals/Telehealth> and bh.medicaid.ohio.gov.

2. *Is a recording of the webinar also available?*

Yes. A recording of the webinar will be made available at <https://mha.ohio.gov/Health-Professionals/Telehealth>

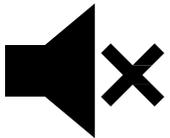
Webinar Instructions



If you have dialed in using a telephone, be sure to mute the sound on your computer to avoid feedback.



If you are using sound via your computer, make sure sound is turned ON.



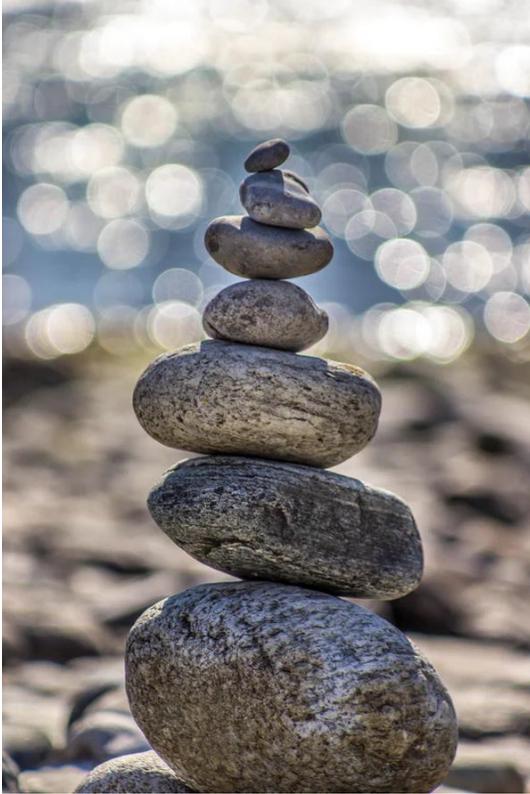
All participants will be muted.

How to Ask Questions During this Webinar



Anytime during the webinar, participants may use the “questions” box to submit written questions.

ODM and OhioMHAS will review all questions after the webinar and will follow up with participants individually to answer their questions.



Thank you for continuing to serve your clients during the COVID-19 pandemic.

We applaud your compassion and professionalism to ensure that clients continue to receive services.

Webinar Agenda



Rules Update



Ohio Department of Insurance Information



Provider Peer-to-Peer Training



Medicaid Billing Updates

We Recognize

1. BH providers serve individuals with varying health care payers.
2. Providers need clarification about policies that are specific to any given payer (e.g., Medicare, Medicaid, commercial insurance.)
3. This is complex. We encourage you to ask questions.

Ohio Administrative Codes 5122-29-31 and 5160-1-18 State of Emergency - Round 2

March 9, 2020: Governor DeWine issued Executive Order 2020-01D declaring a state of emergency due to COVID-19

March 19, 2020: Governor DeWine Issued Executive Order 2020-05D requiring the **emergency amendment** of Ohio Administrative Code 5122-29-31 and the **emergency enactment** of 5160-1-21

July 16, 2020: Governor DeWine Issued Executive Order 2020-29D requiring the **emergency amendment** of Ohio Administrative Code 5122-29-31 and the **emergency adoption** of 5160-1-18

<https://governor.ohio.gov/wps/portal/gov/governor/media/executive-orders/>

Ohio Administrative Code 5122-29-31 Temporary Update Round 2

5122-29-31 is available on the Register of Ohio here:

<http://www.registerofohio.state.oh.us/rules/search/details/314234>



THE REGISTER OF OHIO
PUBLIC NOTICE OF STATE AGENCY RULE MAKING

ABOUT RULES PUBLIC NOTICES CSI

Print Rule Detail

Filings for Rule Number 5122-29-31

| | |
|-----------------|--|
| Title | Interactive videoconferencing. |
| Agency | Department of Mental Health and Addiction Services |
| Division | |
| Contact | Howard Henry |
| Phone | 614-752-8365 |

Actions

Active Historical

| Title | File Date | Action | Type | Class | Hearing | Eff Date | Exp Date | FYR | Public Notice | RSFA Analysis | Rule | Appendices | Hearing Summary Reports | CSI Business Impact Analysis | CSI Recommendation | CSI Agency Memorandum of Response |
|-------------------------------|------------|-----------|-----------|--------|---------|------------|------------|-----|---------------|---------------|------|------------|-------------------------|------------------------------|--------------------|-----------------------------------|
| Interactive videoconferencing | 07/16/2020 | Emergency | Amendment | 119.03 | | 07/16/2020 | 11/14/2020 | N | | | | | | | | |

Ohio Administrative Code 5122-29-31 Temporary Update Round 2

Amended OAC rule 5122-29-31, now entitled “Telehealth”, updates and clarifies policies related to the provision of telehealth services by OhioMHAS certified providers.

The following amendments to the rule were made to clarify and align policies:

- The term “interactive videoconferencing” has been replaced with the term “telehealth” throughout the rule in order to be consistent with other agencies and entities referencing this type of service delivery.
- The meaning of telehealth has been more clearly defined, but still maintains that asynchronous modalities that do not have both audio and video elements are considered telehealth. The rule still allows for telehealth delivered using audio only methods.

Ohio Administrative Code 5122-29-31 Temporary Update Round 2

Amended OAC rule 5122-29-31, now entitled “Telehealth”, updates and clarifies policies related to the provision of telehealth services by OhioMHAS certified providers.

The following amendments to the rule were made to clarify and align policies:

- The definitions of the sites used in the rule have been updated. The rule now uses “originating” and “distant” site in a consistent manner. The terms “client site” and “originating site” have been replaced with the terms “originating site” and “distant site”, respectively, in order to be consistent with how the terms are used by other entities.
- The requirement that clients must have a person available who is familiar with the equipment being used for videoconferencing has been eliminated.

Ohio Administrative Code 5122-29-31 Temporary Update Round 2

The rule maintains current telehealth policy for behavioral health services including:

- Use of synchronous and asynchronous modalities for service delivery.
- Initial in-person visit requirements are eliminated as a prerequisite for telehealth service delivery.
- HIPAA confidentiality requirements remain in effect according to federal guidance.
- 42 C.F.R. Part 2 confidentiality requirements remain in effect according to federal guidance.

HIPAA and 42 C.F.R. Part 2 Federal Guidance



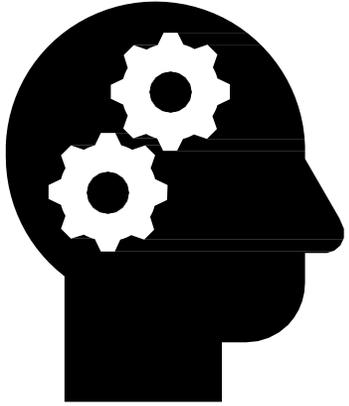
- OCR guidance available here:
 - » <https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html>
- 42 C.F.R. Part 2 guidance available here:
 - » <https://www.samhsa.gov/sites/default/files/covid-19-42-cfr-part-2-guidance-03192020.pdf>

Ohio Administrative Code 5122-29-31 Temporary Update Round 2

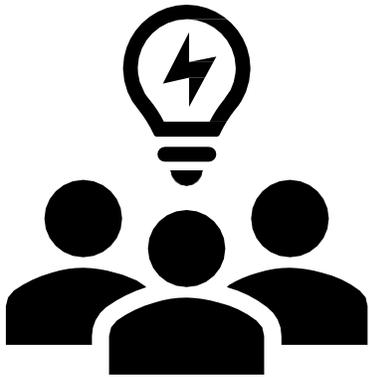
The rule maintains current telehealth policy for behavioral health services including:

- New and established patients may be provided services through telehealth.
- Providers must document that clients receiving telehealth services were provided with information regarding the potential risks of receiving services via telehealth and agreed to assume those risks.
- Providers are not required to provide information in written format describing how to access assistance in a crisis.

Ohio Administrative Code 5122-29-31 Changes



- Please take a commonsense approach to interpreting and implementing these rule changes



- Questions on the OhioMHAS rule may be submitted to:

COVID19BHtelehealth@mha.ohio.gov

Ohio Administrative Code 5160-1-18 Emergency Adoption

5160-1-18 is available on the Register of Ohio here:

<http://www.registerofohio.state.oh.us/rules/search/details/314304>



THE REGISTER OF OHIO
PUBLIC NOTICE OF STATE AGENCY RULE MAKING

ABOUT RULES PUBLIC NOTICES CSI

Print Rule Detail

Filings for Rule Number 5160-1-18

| | |
|-----------------|-----------------------------|
| Title | Telehealth. |
| Agency | Ohio Department of Medicaid |
| Division | |
| Contact | Tommi Potter |
| Phone | 614-752-3877 |

Actions

| Active Historical | | Title | File Date | Action | Type | Class | Hearing | Eff Date | Exp Date | FYR | Public Notice | RSFA Analysis | Rule | Appendices | Hearing Summary Reports | CSI Business Impact Analysis | CSI Recommendation | CSI Agency Memorandum of Response |
|----------------------|--|------------|------------|-----------|------------|--------|---------|------------|------------|-----|---------------|---------------|------|------------|-------------------------|------------------------------|--------------------|-----------------------------------|
| | | Telehealth | 07/16/2020 | Emergency | New | 119.03 | | 07/16/2020 | 11/14/2020 | N | | | | | | | | |
| | | Telehealth | 07/16/2020 | Emergency | Rescission | 119.03 | | 07/16/2020 | 11/14/2020 | N | | | | | | | | |

Ohio Administrative Code 5160-1-18 - Emergency Adoption Effective July 16, 2020

- New OAC rule 5160-1-18, *Telehealth*, updates and clarifies policy re: telehealth services rendered by OhioMHAS certified entities.
- Previous version of this rule did not apply to services rendered by providers certified by OhioMHAS. (MHAS certified providers were previously covered in 5160-1-21 which has now expired.)
- The **next slide** details new rule provisions to accommodate this change, and to clarify and align policies.

Ohio Administrative Code 5160-1-18 – What's New

- **Independent BH practitioners** have been added as eligible to provide telehealth services – this repeats the list previously in 5160-1-21.
- **Behavioral health providers** were added to the list as provider types eligible to bill for services provided by telehealth – this repeats language previously in 5160-1-21.
- **Behavioral health services** were added to the list of covered telehealth services and included in the appendix to the rule as was included in 5160-1-21.

Ohio Administrative Code 5160-1-18 - What's New

- Face-to-face requirements have been removed for telehealth services.
- Minimum fidelity rating scores are not required for providers of Assertive Community Treatment (ACT) or Intensive Home-Based Treatment (IHBT).
- OhioMHAS certified community behavioral health centers that have rendered Medicaid peer recovery support services previously may use telehealth to deliver peer recovery support services.
- Payment provisions clarify that services billed by behavioral health providers will be paid in accordance with OAC Chapter 5160-27.

Ohio Administrative Code 5160-1-18 – What's Unchanged

- Synchronous and asynchronous telehealth modalities remain covered.
- Medicaid payment rates for telehealth services remain unchanged.
- Providers must continue submitting the GT modifier to designate services delivered via telehealth.
- Face-to-face requirements are not required to initiate telehealth service delivery.

Ohio Administrative Code 5160-1-18 – What's Unchanged

- HIPAA confidentiality requirements remain in effect according to federal guidance. (See slide 13)
- 42 C.F.R. Part 2 confidentiality requirements remain in effect according to federal guidance. (See slide 13)
- Providers continue to be responsible for maintaining service delivery documentation and for adherence to federal Current Procedural Terminology (CPT)/ Healthcare Common Procedure Coding System (HCPCS) guidance for practitioner and patient site locations.

Ohio Department of Insurance (ODI) Telehealth Updates

The Ohio Department of Insurance Issued [Bulletin 2020-02](#) on March 11, 2020, which is still in effect.

- Bulletin 2020-02 addresses access to coverage for Ohioans impacted by the COVID-19 virus and speaks specifically to telehealth coverage. The Department is encouraging health plans that do not provide for telehealth coverage already to implement early adoption of the Ohio law requirements passed in last year's state budget and that takes effect on January 1, 2021 (Ohio Revised Code 3902.30).
- Under O.R.C. 3902.30, health benefit plans are prohibited from excluding coverage for a service that is otherwise covered under the health plan solely because it is delivered as a telemedicine service. Health plans are also required to cover telemedicine services on the same basis and to the same extent that the plan provides coverage for in-person services
- Ohio Department of Insurance Consumer Hotline: 1-800-686-1526

Delivering Behavioral Health Services via Telehealth: Keeping Clients and Providers Connected



A Few Highlights from the March Telehealth Webinar

- All services provided by telehealth must continue to be provided within your scope of practice and ethical standards.
- Develop processes
- Be aware of potential boundary violations
- Provider beliefs
- Do not use public facing platforms

Webinar available on the OhioMHAS website:

<https://mha.ohio.gov/Health-Professionals/Telehealth>

“The world is experiencing a ‘unifying trauma’ of loss and uncertainty, and mental health workers aren’t exempt.”

SOURCE: NBC News

<https://www.nbcnews.com/news/us-news/therapists-are-under-strain-covid-era-counseling-clients-trauma-they-n1230956>

Self Care

- Move around
- Schedule breaks
- Educate yourself about telehealth
- Headsets

Tips From the Field



THE INSTITUTE OF
**FAMILY & COMMUNITY
IMPACT**

OhioGuidestone

WHERE NEW PATHS BEGIN

Telehealth:

Strategies for Engaging with Younger Clients

Reinhild Boehme, LISW-S
Assistant Director, Clinical Impact and Innovation
OhioGuidestone
Clinical Fellow, The Institute of Family and Community
reinhild.boehme@ohioguidestone.org



A high-angle photograph of a person in business attire (white shirt, black trousers, black shoes) jumping over a hurdle on a red running track. The hurdle is a standard hurdle with a black and white striped top bar and silver metal legs. The track has white lane markings and a green grassy area is visible in the top right corner.

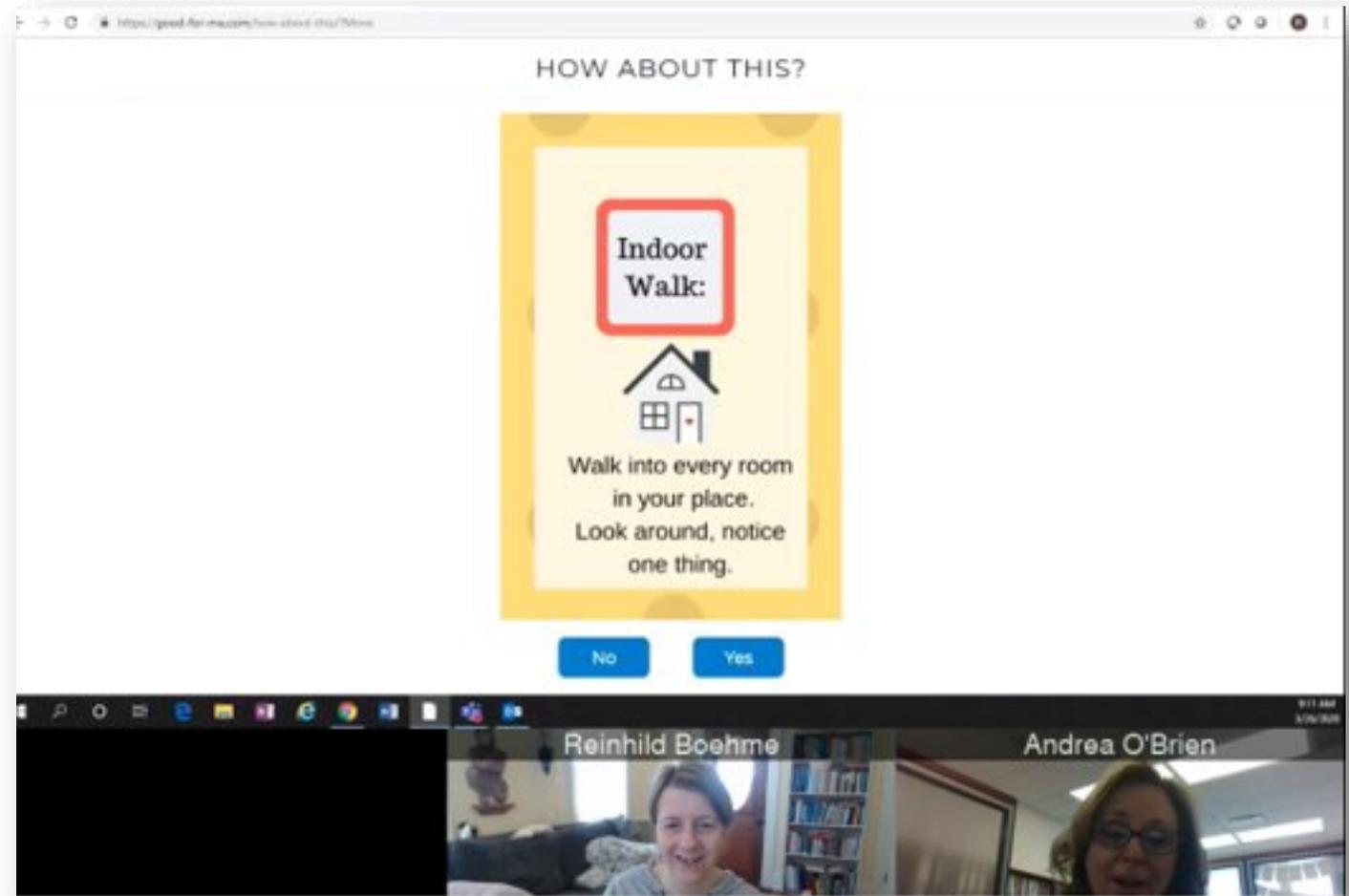
From Barrier To Opportunity...

What telehealth can feel like initially...

Bring It to Life!

Our providers need to **see** what a telehealth session looks like:

- Create/identify intervention ideas rapidly.
- Demonstrate how to can use these intervention ideas in an unscripted situation.
- Make it fun.
- Perfection is not required.
- Normalize insecurities.
- Demonstrate how mistakes can turn into beautiful therapeutic moments.



Unique Supervision Opportunities in Telehealth

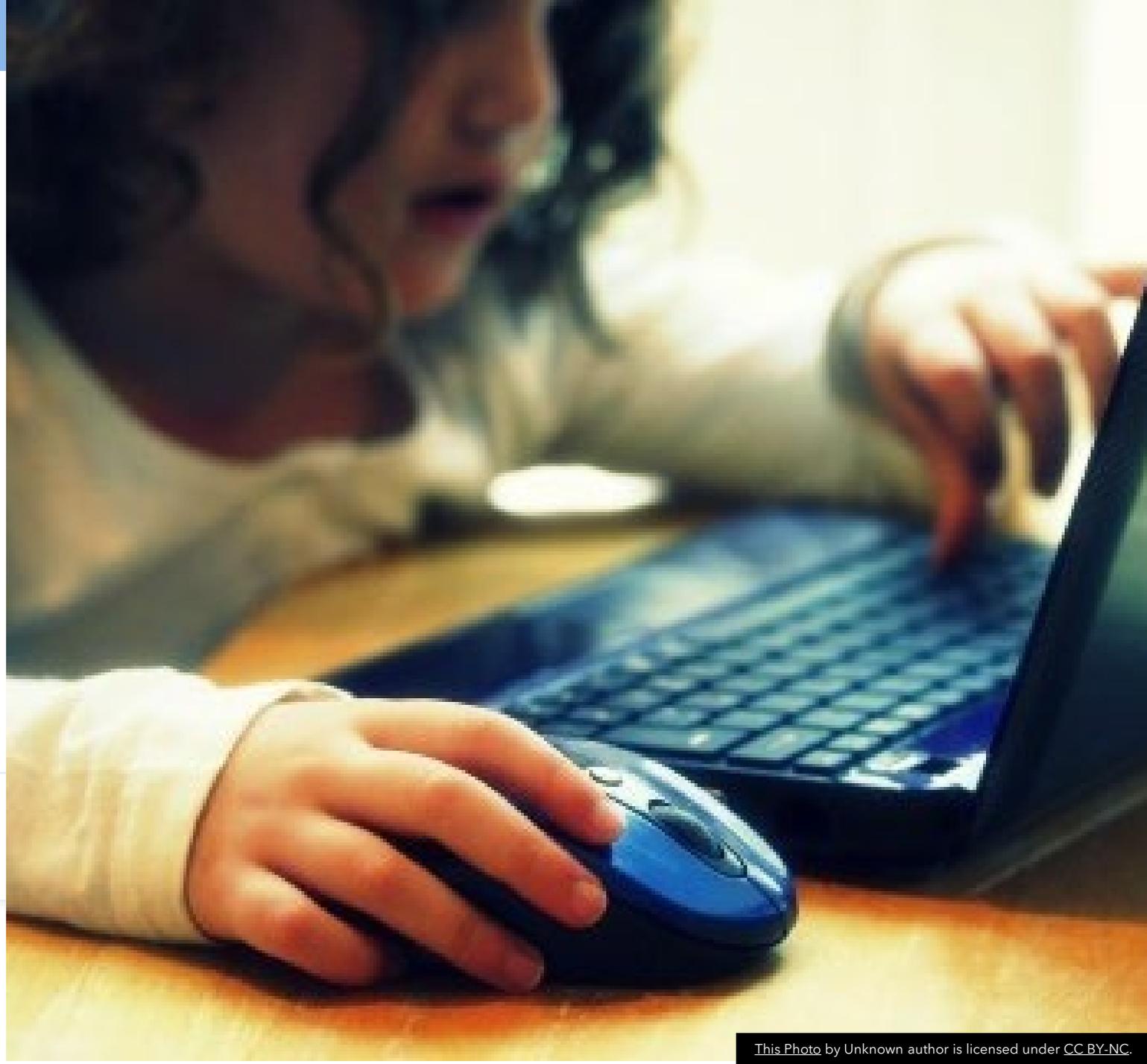
As a supervisor you can, with client permission, participate in videoconferencing-based sessions. This gives you a unique opportunity to observe and impact practice!



This Photo by Unknown author is licensed under [CC BY-SA](#).

Building Interventions:

Children and Adolescents





**Begin Together.
Use an activity.
Consciously connect.**

One thing in the room...

Bring each other into the
same space.

Connection Activities Resource: Here Now!



Here Now – Simple Activities for Beginning Telehealth Sessions

BOEHME, REINHILD F

This Feels Different

Mental health services always lives in the house of relationship. Connecting via telehealth can feel different to ourselves as providers and to our clients: Perhaps we are distracted by sounds or sights reaching us from the outside world while we are sitting at our desk. The same may be true for our clients. When we begin a telehealth session, we need to ensure that we are truly “in the room” together.

The following activities are designed to facilitate connection and presence in the virtual therapy room. They are simple activities, to be used at the beginning of your session, taking up no more than a few minutes. Select activities that are right for your client. These activities can be used at the beginning of any session that involves face- to face contact - via telehealth or in person.



The Grand Tour

It's like "Show and Tell...".

Show me your room:

What do you love the most?

What don't you like?

Who last visited you in your room?

What do you use to comfort yourself?

The Grand Tour – House Version

You will need parental/guardian permission.

Show me your house – same questions...

Which room is most your own?

...are you most comfortable in?

Who spends time were?





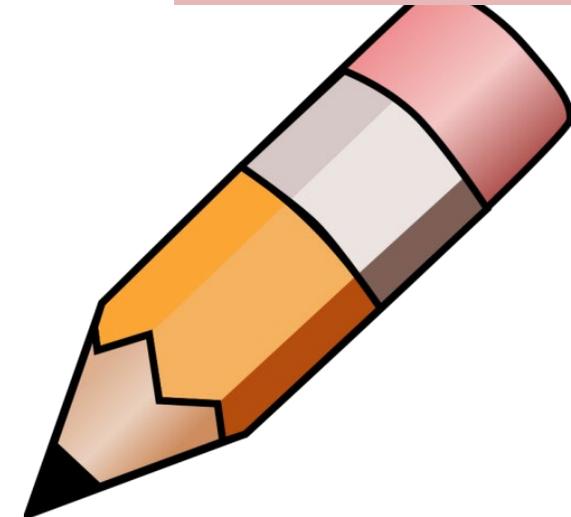
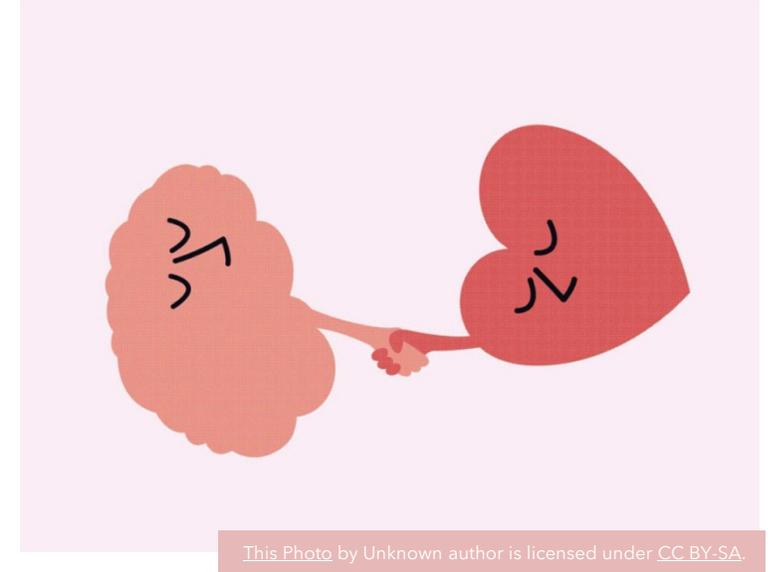
Use a Tour Guide: Spiderman Around the House!

For children who struggle with using their own voice, ask them to pick a favorite stuffed animal/doll/character. That character can be the tour guide.

You can also be a character if this is helpful for your client.

Remember Experiential (Active) Learning!

- Use images by sharing your screen.
- Then, have your client create their own illustration of the concept, thought, or idea you are exploring.
- Look at similarities and differences. Dive into your client's understanding.
- All your client needs: Pencil and paper.
- Ask about process.





Client Activity Bags!

You know what your client has available.
Create and safely deliver!



ply Designing

Use What Is There...

How does this seal feel?

How does this seal deal?



Use What Is There...

- How far will you go in the car?
- How fast?
- And where?
- With whom?
- Who can't go? And why?

Write out the story of the journey, read it back to your client. They become the editor. It's their story.



The Interview

Ask your client to interview:

- Their parent about job of being a parent. Then switch – parent interviews child about the job of being a kid. Or any recent experience.
- Their teddy bear about their feelings.
- Pretend interview with best friend about life the times of COVID.



The News

Ask your client to create a news show based on their life/family life/school. They should report what is happening. Great activity to both acknowledge and defuse from intense feelings.

Your client will then present the news to you – on screen!



Let's continue to support each other and creatively and compassionately adapt.

For questions:

reinild.boehme@ohioguidestone.org

216.287.7472

Thank You





Greater Cincinnati
**Behavioral
Health Services**

Our Work is Life Changing

Lessons Learned In Telehealth

Diane M. Wright, LISW-S
Vice President of Quality Management and Compliance

Understanding Accessibility



Assess client access to phones, technology, WIFI and support

Keep in mind: many of our clients are being asked to use audio-visual technology by other healthcare providers.

Be aware of limits such as phone minutes, privacy, and time

Consider Modalities Based on Client Needs



As we use a variety of service modality options, which ones are appropriate for the client based on their assessed strengths, needs, abilities and preferences?



**KEEP
CALM
AND
BE
PREPARED**

Planning for Challenges

Use client engagement to plan for the next encounter, and to clarify that services will be more effective if:

- They can happen privately

- They can happen safely (when client and staff are not driving, for example)

- Boundaries remain well established

- Emergency back-up plans and phone numbers are in place

Some Challenges We've Encountered

- Family members unwilling or unable to allow the client private time/space
- Medical emergencies during service
- Crisis occurring during service, remotely
- Technology challenges



Engagement Strategies



Phone calls while walking, or over morning coffee

Setting a regular time that fits with other client activities

Sending materials such as worksheets or assessments to review together over telehealth

Supporting Staff

Increase “check-ins” and use supervision meetings to model / practice engagement

Practice effective phone and A/V etiquette - make expectations clear (clothing, behavior, settings for A/V connection)

Using available data to identify barriers or problems

Easily accessible IT support

Inviting regular feedback from staff



Telehealth Resources



Telehealth Resources

OhioMHAS Telehealth Webpage:

<https://mha.ohio.gov/Health-Professionals/Telehealth>

Center for Connected Health Policy:

<https://www.cchpca.org/telehealth-policy/current-state-laws-and-reimbursement-policies/ohio-medicaid-live-video-eligible-sites>

Upper Midwest Teletherapy Resource Center:

<https://www.telehealthresourcecenter.org/umtrc/>

Telehealth Resources

Mental Health Technology Transfer Center (MHTTC) National Coordinating Office (NCO) Webpage – Responding to COVID-19 - Telehealth

<https://mhttcnetwork.org/centers/mhttc-network-coordinating-office/responding-covid-19-telehealth>

Clinical Innovations in Telehealth Learning Series: a weekly online series targeting high-priority clinical issues for providers using telehealth. Experts in clinical care and telehealth devoted the first segment of each hour-long session to a specific topic, then addressed questions submitted by registrants.

Session 1: [Telehealth and Suicide Care](#) - includes slide deck and FAQ

Session 2: [Telehealth and CBT for Psychosis](#) - includes slide deck

Session 3: [Providing Culturally Relevant Telehealth Services for Latino Populations During a Pandemic](#) - includes slide deck and FAQ

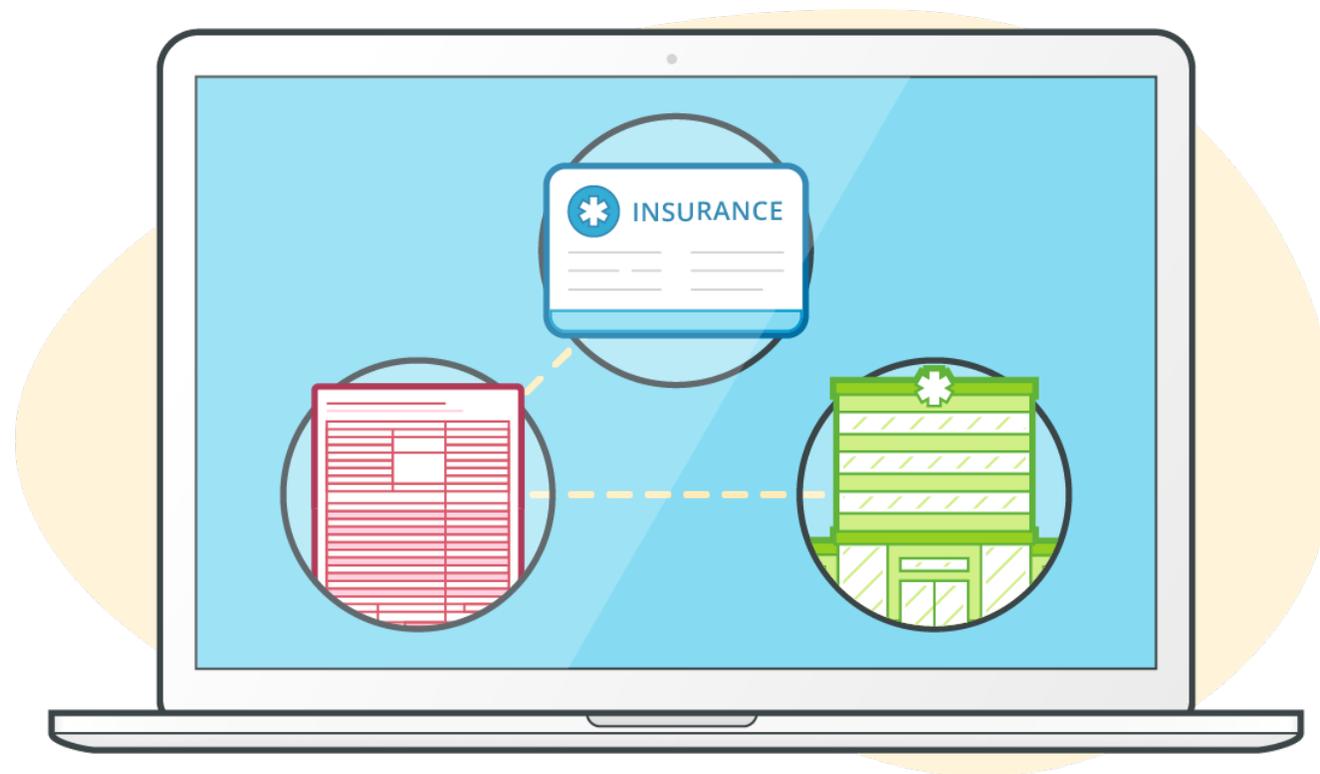
Session 4: [Treating PTSD in the Context of COVID-19](#) - includes slide deck and FAQ

Telehealth Resources

Mid-America MHTTC: “Telehealth Learning & Consultation (TLC) Tuesdays”: <https://mhttcnetwork.org/centers/mid-america-mhttc/telehealth-learning-and-consultation-tlc-tuesdays>

Pacific SW MHTTC : “Telehealth Clinical and Technical Considerations for Mental Health Providers”:
<https://mhttcnetwork.org/centers/pacific-southwest-mhttc/product/telehealth-clinical-and-technical-considerations-mental>

Billing Instructions for Medicaid Services Via Telehealth



Places of Service For Medicaid Telehealth



1. Place of service on the Medicaid claim may reflect EITHER
 - Where practitioner is located OR
 - Where recipient is located
2. Use ONLY the places of service in the Medicaid behavioral health provider manual for the service being rendered
 - Remember that POS 99 is available for many procedure codes
3. DO NOT use place of service 02
 - POS 02 is not programmed in Medicaid claims systems, except for Medicare crossover claims
 - If POS 02 is used the claims will deny

Services Rendered via Telehealth – USE THE GT Modifier

These services can be delivered by videoconference, telephone, text, email

- » To bill for these services **use the GT modifier**
- » Bill the services in accordance with the description of the Medicaid service
- » Document in the medical record, to the greatest extent possible, the service delivered, and form of telehealth used
- » Use an existing place of service code listed in the BH provider manual that is allowed for the service being provided

List 1: Services Previously Allowed by Videoconference – USE the GT Modifier

| Service | Code |
|-------------------------|-------|
| E/M New Patient | 99201 |
| | 99202 |
| | 99203 |
| | 99204 |
| | 99205 |
| E/M Established Patient | 99211 |
| | 99212 |
| | 99213 |
| | 99214 |
| | 99215 |

| Service | Code |
|--|-------|
| Prolonged Visit | 99354 |
| Prolonged Visit – Each Additional 30 Minutes | 99355 |

| Service | Code |
|--|-------|
| Psychiatric Diagnostic Evaluation | 90791 |
| Psychiatric Diagnostic Evaluation with Medical | 90792 |
| SUD Assessment | H0001 |

| Service | Code |
|---|-------|
| Individual Psychotherapy | 90832 |
| | 90834 |
| | 90837 |
| Individual Psychotherapy w/ E/M Service | 90833 |
| | 90836 |
| | 90838 |
| SUD Individual Counseling | H0004 |

| Service | Code |
|---|-------|
| Family Psychotherapy w/o patient | 90846 |
| Family psychotherapy (conjoint, w/ patient present) | 90847 |
| Multiple-family group psychotherapy | 90849 |
| Group Psychotherapy | 90853 |
| SUD Group Counseling | H0005 |

| Service | Code |
|--------------------------------------|-------|
| Psychological Testing Administration | 96136 |
| | 96137 |
| Psychological Testing Evaluation | 96130 |
| | 96131 |
| Developmental Testing | 96112 |
| | 96113 |

| Service | Code |
|---|-------|
| Neurobehavioral Status Exam | 96116 |
| | 96121 |
| Neuropsychological Testing Administration | 96136 |
| | 96137 |
| Neuropsychological Testing Evaluation | 96132 |
| | 96133 |

| Service | Code |
|-----------------------------------|-------|
| Smoking and Tobacco Use Cessation | 99406 |
| | 99407 |

| Service | Code |
|--|-------|
| Community Psychiatric Supportive Treatment | H0036 |

| Service | Code |
|---------------------|-------|
| SUD Case Management | H0006 |

List 2: New Services Available via Telehealth During Emergency – USE the GT Modifier

| Service | Code | Service | Code | Service | Code | Service | Code | Service | Code |
|---------------------------|----------------------------------|--|-------|---------------------------|----------------|---|-------------------------|--|-------|
| Psychotherapy for Crisis | 90839 | Individual Therapeutic Behavioral Services | H2019 | MH LPN Nursing | H2017 | Screening, Brief Intervention and Referral to Treatment | G0396 G0397 | Assertive Community Treatment | H0040 |
| | 90840 | | | MH RN Nursing | H2019 | | | | |
| | 90832 KX | | | SUD LPN Nursing | T1003 | | | Intensive Home-Based Treatment | H2015 |
| | | Psychosocial Rehabilitation | H2017 | SUD RN Nursing | T1002 | | | | |
| Service | Code | Service | Code | Service | Code | Service | Code | Service | Code |
| SUD Peer Recovery Support | H0038 | SUD Intensive Outpatient & Partial Hospitalization | H0015 | SUD Residential Treatment | H2034 H2036 | Specialized Recovery Services | H2023 H2025 T1016 | Therapeutic Behavioral Services Group – Hourly | H2012 |
| | | | | | | | | Therapeutic Behavioral Services Group – Per Diem | H2020 |
| Service | Code | | | | | | | | |
| Withdrawal Management | H0010 H0011 H0012 H0014 | | | | | | | | |

*Corresponding MITS BITS will be posted to BH.Medicaid.Ohio.gov

Frequently Asked Questions





Where can I get billing guidance?

Contact the Client's Health Insurer or other service payer
(See second to the last slide for contact links to ODM and OhioMHAS)

How do I know the service is within my professional scope of practice?

Contact your professional licensing board or your employer for assistance

Where can I find guidance about required clinical documentation (such as signatures)?

- Refer to the Ohio Administrative Code chapter 5122-29 for OhioMHAS requirements and to chapter 5160-27 and rule 5160-8-05 for ODM requirements
- Ask your supervisor and use your commonsense judgment



For Medicaid: How do we Decide Whether to Bill Office or Community Payment Rates for Telehealth?

- ODM will accept either place of service



How Can Services be Delivered by Telehealth to Clients in SUD Residential Treatment?

Here are a couple of examples:

1. Practitioners may be isolated at home but still able to provide services remotely to residents by telehealth modalities
2. One or more residents may need to be isolated in their rooms, but services can still be provided to them by telehealth modalities



What Considerations Should be Used for Group Services?

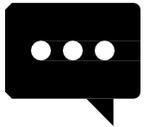
- Group counseling sessions done remotely may need to be spaced out into smaller time blocks
- Total time in group during the day should be added and reported
- Follow normal counseling rules for group sessions, e.g.,
 - » Talking one at a time
 - » Confidentiality



Must Medicaid Claims Be Changed or Resubmitted After the COVID-19 Emergency is Over?

- No
 - » All claims submitted during the emergency will be processed normally
 - » No post-emergency revisions will be needed
 - » Emergency Ohio Administrative Code 5160-1-18 authorizes telehealth delivery and payment
 - » Document appropriately - to the greatest extent possible - telehealth service delivery in the medical record

Questions?



ODM and OhioMHAS will review all questions submitted via the “questions” box after the webinar and will follow up with participants individually to answer their questions.

For Help With Questions

For questions related to changes to OhioMHAS telehealth policy as well as questions related to clinical and technical implementation of telehealth, please e-mail COVID19BHTelehealth@mha.ohio.gov.

Questions about the Medicaid coverage, billing, and reimbursement under the new policy can be submitted to BH-Enroll@medicaid.ohio.gov.





Coronavirus.ohio.gov
1-833-4-ASK-ODH

Thank you for continuing to serve your clients during the COVID-19 pandemic.

We applaud your compassion and professionalism to ensure that your clients continue to receive services.