

MH and SUD Medical and Related Services/Coding

Behavioral Health Medications			MH Conditions
CPT/HCPCS	Modifier	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, methylalntrexone (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			SUD Conditions
CPT/HCPCS	Modifier	Description	
T1502		Buprenorphine/naloxone administration Administration of oral, intramuscular and/or subcutaneous medication by health care agency/professional, per visit	
H0020		Alcohol and/or drug services; methadone administration and/or service (provision of the drug by a licensed program)	
J0571		Buprenorphine, oral, 1 mg	
J0572		Buprenorphine/naloxone, oral, less than or equal to 3 mg	
J0573		Buprenorphine/naloxone, oral, greater than 3 mg, but less than or equal to 6 mg	
J0574		Buprenorphine/naloxone, oral, greater than 6 mg, but less than or equal to 10 mg	
J0575		Buprenorphine/naloxone, oral, greater than 10 mg	
J2310		Injection, naloxone (Narcan), 1mg	
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
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
+99354		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
+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 an evaluation and management code
H2019		Nursing Services performed by an RN with a mental health diagnosed patient related to their mental health condition
H2017		Nursing Services performed by an LPN with a mental health diagnosed patient related to their mental health condition
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
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)

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
99349		Home visit for the evaluation and management of an established patient
99350		Home visit for the evaluation and management of an established patient
+99354		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
+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 an evaluation and management code
T1002		Nursing Services performed by an RN with a substance use disorder diagnosed patient related to their SUD condition
T1003		Nursing Services performed by an LPN with a substance use disorder diagnosed patient related to their SUD condition
H0014		Alcohol and/or drug services; ambulatory detoxification. Nursing services performed by an RN/LPN.
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
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
90650	Human Papillomavirus vaccine, types 16, 18, bivalent (2vHPV), 3 dose schedule, for intramuscular use
90649	Human Papillomavirus vaccine, types 6, 11, 16, 18, quadrivalent (4vHPV), 3 dose schedule, for intramuscular use
90644	Meningococcal conjugate vaccine, serogroups C & Y and Haemophilus influenzae type b vaccine (Hib-MenCY), 4 dose schedule, when administered to children 6 weeks-18 months of age, for intramuscular use
90698	Diphtheria, tetanus toxoids, acellular pertussis vaccine, Haemophilus influenzae type b, and inactivated poliovirus vaccine (DTaP-IPV/Hib), for intramuscular use
90654	Influenza virus vaccine, trivalent (IIV3), split virus, preservative-free, for intradermal use
90658	Influenza virus vaccine, trivalent (IIV3), split virus, when administered to individuals 3 years of age and older, for intramuscular use
90660	Influenza virus vaccine, trivalent, live (LAIV3), for intranasal use
90670	Pneumococcal conjugate vaccine, 13 valent (PCV13), for intramuscular use
90680	Rotavirus vaccine, pentavalent (RV5), 3 dose schedule, live, for oral use
90681	Rotavirus vaccine, human, attenuated (RV1), 2 dose schedule, live, for oral use
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
90713	Poliovirus vaccine, inactivated (IPV), for subcutaneous or intramuscular use
90707	Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous use
90710	Measles, mumps, rubella, and varicella vaccine (MMRV), live, for subcutaneous 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

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

MH and SUD Counseling and Therapy Services/Coding

Behavioral Health Counseling and Therapy			MH Conditions
CPT/HCPCS	Modifier	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			SUD Conditions
CPT/HCPCS	Modifier	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 Assessment, Evaluation and Testing

Behavioral Health Assessment, Evaluation and Testing		
CPT/HCPCS	Modifier	Description MH Conditions
90791		Psychiatric diagnostic evaluation.
96136 - 1st		Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method
96137 - Add'l		
30 Min. /		
30 Min.		
96130 - 1st		Psychological testing evaluation services by physician or other qualified health care professional, including selection of the appropriate tests to be administered,
60 Min. /		integration of patient data, interpretation of standardized test results and clinical data,
96131 - Add'l		clinical decision making, treatment planning and report, and interactive feedback to
60 Min.		the patient, family member(s) or caregiver(s)
96132 - 1st		Neuropsychological testing evaluation services by physician or other qualified health
60 Min. /		care professional, including integration of patient data, interpretation of standardized
96133 - Add'l		test results and clinical data, clinical decision making, treatment planning and report,
60 Min.		and interactive feedback to the patient, family member(s) or caregiver(s)
96112 - 1st		Developmental test administration (including assessment of fine and/or gross motor,
60 Min. /		language, cognitive level, social, memory and/or executive functions by standardized
96113 - Add'l		developmental instruments when performed), by physician or other qualified health
60 Min.		care professional, with interpretation and report
96116 - 1st		Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment,
60 Min. /		eg, acquired knowledge, attention, language, memory, planning and problem solving,
96121 - Add'l		and visual spatial abilities), per hour of the psychologist's or physician's time, both face-
60 Min.		to-face time with the patient and time interpreting 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		
CPT/HCPCS	Modifier	Description SUD Conditions
90791		Psychiatric diagnostic evaluation.
96136 - 1st		Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method
96137 - Add'l		
30 Min. /		
30 Min.		
96130 - 1st		Psychological testing evaluation services by physician or other qualified health care
60 Min. /		professional, including selection of the appropriate tests to be administered,
96131 - Add'l		integration of patient data, interpretation of standardized test results and clinical data,
60 Min.		clinical decision making, treatment planning and report, and interactive feedback to
		the patient, family member(s) or caregiver(s)
96132 - 1st		Neuropsychological testing evaluation services by physician or other qualified health
60 Min. /		care professional, including integration of patient data, interpretation of standardized
96133 - Add'l		test results and clinical data, clinical decision making, treatment planning and report,
60 Min.		and interactive feedback to the patient, family member(s) or caregiver(s)
96112 - 1st		Developmental test administration (including assessment of fine and/or gross motor,
60 Min. /		language, cognitive level, social, memory and/or executive functions by standardized
96113 - Add'l		developmental instruments when performed), by physician or other qualified health
60 Min.		care professional, with interpretation and report
96116 - 1st		Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment,
60 Min. /		eg, acquired knowledge, attention, language, memory, planning and problem solving,
96121 - Add'l		and visual spatial abilities), per hour of the psychologist's or physician's time, both face-
60 Min.		to-face time with the patient and time interpreting 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 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)
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)

OhioMHAS Housing & Services Oriented Residence Categories & Definitions Crosswalk

Category	Definition	Types of Housing	Examples
Permanent Housing	<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>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>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>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
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>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>	

OhioMHAS Housing & Services Oriented Residence Categories & Definitions Crosswalk

Category	Definition	Types of Housing	Examples
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 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 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) 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> <p>Recovery Residence - Level 3 (IOP NOT required) 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> <p>Crisis Care 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>Respite Care 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 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>	<ul style="list-style-type: none"> • Level 3 Recovery Residence • Level 3 Recovery Residence
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 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> <p>OhioMHAS Certified SUD Residential Treatment Program 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"> • OhioMHAS Type 1 Residential Facilities • SUD Residential Treatment Programs
Housing Development	<p>Housing and Residential activities performed by a Board or a Provider that enhances client services and supports within the community.</p>		