



5 January 2018

To: Certified Mental Health (MH), Substance Use Disorder (SUD), MH/SUD Providers
From: Janel M. Pequignot, Chief, Licensure and Certification

In accordance with Ohio Administrative Code (OAC) 5122-25-05 a provider is required to provide the following services to at least 10 persons for at least two months prior to applying for Certification, and at least 5 clients must be active at the time of the certification survey:

- General Services (OAC 5122-29-03)
- Mental Health Day Treatment Services (OAC 5122-29-06)
- Crisis Intervention Service (OAC 5122-29-10)
- Community Psychiatric Supportive Treatment/CPST (OAC 5122-29-17)
- Prevention Services (OAC 5122-29-20)
- Intensive Home Based Treatment/IHBT (OAC 5122-29-28)
- Assertive Community Treatment/ACT OAC 5122-29-29
- Outpatient Treatment Program (OhioMHAS is in process of rescinding) (OAC 5122-29-34)

In order to expand access while providers transition to BH Redesign, OhioMHAS will waive the provisions of this rule for any eligible provider submitting an application for certification by June 30, 2018. An eligible provider is a provider certified to provide one or more of the following services as of December 31, 2017 and that has maintained continuous certification at the time of its request:

- Behavioral Health Counseling and Therapy Service (OAC 5122-29-03)
- Mental Health Assessment Service (OAC 5122-29-04)
- Pharmacologic Management Service (OAC 5122-29-05)
- Partial Hospitalization Service (OAC 5122-29-06)
- Crisis Intervention Mental Health Service (OAC 5122-29-10)
- Community Psychiatric Supportive Treatment (CPST) Service (OAC 5122-29-17)
- Intensive home based treatment (IHBT) service (OAC 5122-29-28)
- Assertive community treatment (ACT) service (OAC 5122-29-29)
- Outpatient treatment program certification (OAC 5122-29-34)
- Residential treatment program certification (OAC 5122-29-36)
- Detoxification program certification (OAC 5122-29-37)

Please use the attached form to both request certification and request a waiver. If you have any questions, please contact your agency's assigned lead surveyor.

Application for Certification & Waiver of Ohio Administrative Code (OAC) 5122-29-05 (A)

Instructions: For use until June 30, 2018 by an eligible provider as defined by the accompanying memo, dated January 2, 2018, requesting certification for one or more of the services in the section titled "Requested Certification" on Page 3. Complete Page 2 & 3, and mail this form to your lead surveyor. To request to add certification for services other than those found in the "Requested Certification" section, please contact your lead surveyor.

Provider Information

Legal Name	MH Certification or AoD Provider # (List at least one)	
Doing Business As (if applicable)	Employer Identification Number (EIN)	
Administrative Street Address	City	Zip Code
		-
Mailing Street Address IF Different	City	Zip Code
		-
County	Telephone Number	
	() -	

Contact Information

Name of (check one):	<input type="checkbox"/> Owner	E-Mail Address	Telephone Number
	<input type="checkbox"/> Executive Director		
	<input type="checkbox"/> CEO		
	<input type="checkbox"/> President		() -
Contact Person Name and Title	Contact Person E-Mail Address	Contact Person Telephone Number	
			() -

Mailing Address (no faxed or e-mailed applications)

OhioMHAS
Licensure and Certification
30 E. Broad Street, Suite 742
Columbus OH 43215

Requested Certification

My agency is currently not certified for the following service, and is requesting certification (check all that apply);

- General Services (OAC 5122-29-03)
- Mental Health Day Treatment Services (OAC 5122-29-06)
- Crisis Intervention Service (OAC 5122-29-10)
- Community Psychiatric Supportive Treatment/CPST (OAC 5122-29-17)
- Prevention Services (OAC 5122-29-20)
- Intensive Home Based Treatment/IHBT (OAC 5122-29-28)
- Assertive Community Treatment/ACT OAC 5122-29-29

Eligibility to Request a Waiver

On December 31, 2017, my agency was certified for the following services/programs (check all that apply);

- Behavioral Health Counseling and Therapy Service (OAC 5122-29-03)
- Mental Health Assessment Service (OAC 5122-29-04)
- Pharmacologic Management Service (OAC 5122-29-05)
- Partial Hospitalization Service (OAC 5122-29-06)
- Crisis Intervention Mental Health Service (OAC 5122-29-10)
- Community Psychiatric Supportive Treatment (CPST) Service (OAC 5122-29-17)
- Intensive home based treatment (IHBT) service (OAC 5122-29-28)
- Assertive community treatment (ACT) service (OAC 5122-29-29)
- Outpatient treatment program certification (OAC 5122-29-34)
- Residential treatment program certification (OAC 5122-29-36)
- Detoxification program certification (OAC 5122-29-37)

Waiver Request and Declaration

My agency seeks to expand its array of service offerings as part of its implementation of BH Redesign, and is requesting a waiver of OAC 5122-25-05 (A), which requires an agency to provide the requested service a minimum of 2 months prior to submitting an application for Certification. I agree to maintain compliance with all applicable standards found in OAC Chapters 5122-25 through 5122-29. I understand if this waiver is granted, OhioMHAS may conduct an on-site survey at any time. If OhioMHAS determines that my agency is non-compliant with any of the applicable standards, OhioMHAS may require a Plan of Correction and/or file a notice to revoke my agency’s certification.

Executive Director/CEO/President Signature _____ Date _____

Printed Name and Title _____