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State/Territory Name: OH

Technical Correction to State Plan Amendment (SPA) #: 11-013

This file contains the following documents in the order listed:

- 1) Technical Correction Letter
- 2) Original Approval Letter
- 3) Revised Summary Form (with 179-like data)
- 4) Corrected Approved SPA Pages



August 23, 2016

John McCarthy, Director
Ohio Department of Medicaid
P.O. Box 182709
50 West Town Street, Suite 400
Columbus, Ohio 43218

RE: Technical Correction to Ohio State Plan Amendment (SPA) TN 11-013

Dear Mr. McCarthy:

This is a technical correction to Ohio SPA 11-013 which was approved on June 14, 2013. We are making this technical correction to eliminate duplicate page numbers in the state plan. This SPA was approved with a page labeled Attachment 3.1-A, Item 12, Page 2a which existed in the state plan prior to the approval of OH SPA 11-013. As agreed, we are making a pen-and-ink change to designate the page that was approved in OH SPA 11-013 as Attachment 3.1-A, Item 12, Page 2b.

If you have any questions, please contact Christine Davidson, of my staff, at (312) 886-3642 or christine.davidson@cms.hhs.gov if you have any questions.

Sincerely,

/s/

Alan Freund
Acting Associate Regional Administrator
Division of Medicaid and Children's Health Operations

Enclosure

cc: Sarah Curtin, ODM
Carolyn Humphrey, ODM
Greg Niehoff, ODM
Rebecca Jackson, ODM

June 14, 2013

John McCarthy, Medicaid Director
Office of Medical Assistance
P.O. Box 182709
50 West Town Street, Suite 400
Columbus, Ohio 43218

RE: TN 11-013

Dear Mr. McCarthy:

Enclosed for your records is an approved copy of the following State Plan Amendment:

Transmittal #11-013 Coverage of comprehensive tobacco cessation services for pregnant women,
effective January 1, 2012.

Please contact Christine Davidson, of my staff, at (312) 886-3642 or christine.davidson@cms.hhs.gov
if you have any questions.



Sincerely,

 acting

Verlon Johnson
Associate Regional Administrator
Division of Medicaid and Children's Health Operations

Enclosure

cc: Debbie Saxe, OMA
Lynne Lyon, OMA
Andy Jones, OMA
Becky Jackson, OMA

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 11-013 (REVISED)	2. STATE OHIO
FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE January 1, 2012	
5. TYPE OF PLAN MATERIAL (Check One):			
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: 1905(a)(4)(D) of the Social Security Act 1905(bb)(2) of the Social Security Act Section 4107 of the Affordable Care Act		7. FEDERAL BUDGET IMPACT: a. FFY 2012 \$ 2.3 (in thousands) b. FFY 2013 \$ 2.3 (in thousands)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A, page 2 Attachment 3.1-A, Item 4-d, Page 1 of 1 (NEW) Attachment 3.1-A, Item 12, Page 2 of 12 Attachment 3.1-A, Item 12, Page 2a of 12 Attachment 4.19-B, Item 4-d, Page 1 of 1 (NEW)		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1-A, page 2 (TN 10-013) (NEW) Attachment 3.1-A, Pre-Print Page 5, Item 12, Page 2 of 12 (TN 07-001) Attachment 3.1-A, Item 12, Page ^{2b} 2a of 12 (TN 09-018) (NEW)	
10. SUBJECT OF AMENDMENT: Coverage of comprehensive tobacco cessation services for pregnant women			
11. GOVERNOR'S REVIEW (Check One):			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Governor has delegated signature authority to Medicaid Director	
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Becky Jackson Bureau of Health Plan Policy Office of Medical Assistance P.O. BOX 182709 Columbus, Ohio 43218	
13. TYPED NAME: JOHN B. MCCARTHY			
4. TITLE: STATE MEDICAID DIRECTOR			
5. DATE SUBMITTED: 9.22.11			
FOR REGIONAL OFFICE USE ONLY			
7. DATE RECEIVED: September 22, 2011		18. DATE APPROVED: June 14, 2013	
PLAN APPROVED - ONE COPY ATTACHED			
9. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2012		20. SIGNATURE OF REGIONAL OFFICIAL: 	
1. TYPED NAME: Alan Freund		22. TITLE: Acting Associate Regional Administrator	
3. REMARKS:			

Instructions on Back

State/Territory: Ohio

AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

4. a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.

Provided: No limitations With limitations*

- b. Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found.*

- c. (i) Family planning services and supplies for individuals of child-bearing age and for individuals eligible pursuant to Attachment 2.2-A, B, if this eligibility option is elected by the State.

Provided: No limitations With limitations*

(ii) Family planning-related services provided under the above State Eligibility Option.

- d. Tobacco cessation counseling services for pregnant women (as defined in 1905(bb) of the Social Security Act)

Provided: No limitations With limitations*

5. a. Physicians' services whether furnished in the office, the patient's home, a hospital, a nursing facility or elsewhere.

Provided: No limitations With limitations*

- b. Medical and surgical services furnished by a dentist (in accordance with section 1905 (a)(5)(B) of the Act).

Provided: No limitations With limitations*

6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.

- a. Podiatrists' services.

Provided: No limitations With limitations*

Not provided.

*Description provided on attachment.

TN: 11-013

Supersedes:

TN: 10-013

Approval Date: 6/14/13

Effective Date: 01/01/2012

4. d. Tobacco cessation counseling services for pregnant women.

1) Face-to-face tobacco cessation counseling services provided (by):

- (i) By or under supervision of a physician;
- (ii) By any other health care professional who is legally authorized to furnish such services under State law and who is authorized to provide Medicaid coverable services *other* than tobacco cessation services;* or
- (iii) Any other health care professional legally authorized to provide tobacco cessation services under State law *and* who is specifically *designated* by the Secretary in regulations. (None are designated at this time; this item is reserved for future use.)

*describe if there are any limits on who can provide these counseling services

2) Face-to-face tobacco cessation counseling services benefit package for pregnant women

Provided: No limitations With limitations*

*Any benefit package that consists of less than four (4) counseling sessions per quit attempt, with a minimum of two (2) quit attempts per 12 month period (eight (8) per year) should be explained below.

Please describe any limitations:

Provisions related to Medicare Part D Prescription Drug Coverage

Pursuant to Section 1935(d)(1) of the Social Security Act, effective January 1, 2006, the Medicaid agency will not cover any Part D drug for full-benefit dual eligible individuals who are entitled to receive Medicare benefits under Part A or Part B.

Pursuant to Sections 1927(d)(2) and 1935(d)(2) of the Social Security Act, the Medicaid agency provides coverage for the following Medicare-excluded or otherwise restricted drugs or classes of drugs, or their medical uses to all Medicaid recipients, including full benefit dual eligible beneficiaries under the Medicare Prescription Drug Benefit --Part D.

The following drugs, which are subject to restriction under Section 1927(d)(2) of the Social Security Act, are covered:

- (a) agents when used for anorexia, weight loss, or weight gain
- (b) agents when used to promote fertility
- (c) agents when used for cosmetic purposes or hair growth
- (d) agents when used for the symptomatic relief of cough and colds (only cough suppressants)
- (e) agents when used to promote smoking cessation
- (f) prescription vitamins and mineral products, except prenatal vitamins and fluoride preparations
- (g) nonprescription drugs (only cough suppressants, antacids, antidiarrheals, stool softeners, laxatives), except, in the case of pregnant women (and postpartum women through the end of the month in which the 60-day period following termination of pregnancy ends) when recommended in accordance with the Guideline referred to in section 1905(bb)(2)(A), agents approved by the Food and Drug Administration under the over-the-counter monograph process for purposes of promoting, and when used to promote, tobacco cessation
- (h) covered outpatient drugs which the manufacturer seeks to require as a condition of sale that associated tests or monitoring services be purchased exclusively from the manufacturer or its designee
- (i) barbiturates
- (j) benzodiazepines
- (k) Agents when used for the treatment of sexual or erectile dysfunction, unless such agents are used to treat a condition, other than sexual or erectile dysfunction, for which the agents have been approved by the Food and Drug Administration.

TN: 11-013
Supersedes
TN: 07-001

Approval Date: 6/14/13

Effective Date: 01/01/2012

12.^b_a Prescribed drugs, continued.

Selected over-the-counter drugs provided by nursing facilities for their recipient-residents are included in the nursing facility services. Nursing facilities receive a per diem amount that includes payment for selected over-the-counter drugs and are responsible for ensuring that their recipient-residents obtain those drugs. For dates of service on or after 8/1/09, selected over-the-counter drugs are paid for by the nursing facilities and are not eligible for reimbursement on a fee-for-service basis. Reimbursement methodology for nursing facilities is described in Attachment 4.19-D.

Excluded Drug Coverage of Smoking/Tobacco Cessation Products for Pregnant Women

The Medicaid agency will provide coverage of prescription and over-the-counter (OTC) tobacco/smoking cessation covered outpatient drugs for pregnant women as recommended in "Treating Tobacco Use and Dependence: 2008 Update: A Clinical Practice Guideline" published by the Public Health Service in May 2008 or any subsequent modification of such guideline.

TN: 11-013
Supersedes:
TN: 09-018

Approval Date: 6/14/13
Effective Date: 01/01/2012

4. d. Tobacco cessation counseling services for pregnant women.

Rates and fees schedules for tobacco cessation counseling services for pregnant women can be found by accessing the agency's website at jfs.ohio.gov/OHP/provider.stm. The tobacco cessation counseling services rates available at this website include all annual or periodic adjustments to the tobacco cessation counseling services fee schedule. The agency's tobacco cessation counseling services fee schedule was set as of January 1, 2012, and is effective for tobacco cessation counseling services services provided on or after that date. Except as otherwise noted in the plan, state-developed fee schedules and rates are the same for both governmental and private providers.

Payment for pharmacotherapy for cessation of tobacco use by pregnant women is described in Attachment 4.19-B, Item 12-a of this State plan.

TN: 11-013
Supersedes
TN: NEW

Approval Date 6/14/13

Effective Date: 01/01/2012