

## **Table of Contents**

**State/Territory Name: OH**

**State Plan Amendment (SPA) #: 12-018**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

March 12, 2013

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

RE: TN 12-018

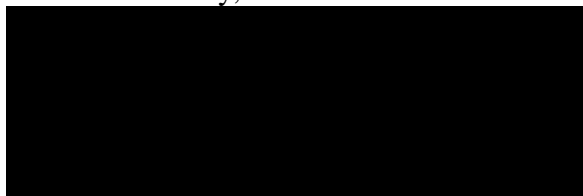
Dear Mr. McCarthy:

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

Transmittal #12-018 Revise the description of coverage and limitations of mechanotherapist services, effective October 1, 2012.

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



Sincerely,



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

Enclosure

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

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: <b>12 - 018</b>	2. STATE <b>OHIO</b>
<b>FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES</b>		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 October 1, 2012	
5. TYPE OF PLAN MATERIAL ( <i>Check One</i> ):			
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> <b>AMENDMENT</b>			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT ( <i>Separate Transmittal for each amendment</i> )			
6. FEDERAL STATUTE/REGULATION CITATION: Section 1905(a)(6) of the Social Security Act Section 440.60		7. FEDERAL BUDGET IMPACT: a. FFY 2012      \$ 0 thousands b. FFY 2013      \$ 0 thousands	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Attachment 3.1-A, Item 6-d-1, Page 1 of 1		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ):  Attachment 3.1-A, Pre-Print page 2, Item 6, Page 4 of 6 (TN 08-012)	
10. SUBJECT OF AMENDMENT: Mechanotherapists' services: coverage and limitations			
11. GOVERNOR'S REVIEW ( <i>Check One</i> ):			
<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"/> <b>OTHER, AS SPECIFIED:</b> Governor has delegated signature authority to ODJFS Director. Director has delegated signature authority to Medicaid Director	
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO:  Becky Jackson Office of Medical Assistance Bureau of Policy and Health Plan Services P.O. BOX 182709 Columbus, Ohio 43218	
13. TYPED NAME: <b>JOHN B. MCCARTHY</b>			
14. TITLE: <b>STATE MEDICAID DIRECTOR</b>			
15. DATE SUBMITTED: <b>12-21-2012</b>			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: December 21, 2012		18. DATE APPROVED: 3/12/13	
<b>PLAN APPROVED - ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL: October 1, 2012		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Verlon Johnson		22. TITLE: Associate Regional Administrator	
23. REMARKS:			

**Instructions on Back**

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

d. Other practitioners' services

(1) Mechanotherapists' services

Mechanotherapists' services are covered by Ohio Medicaid in accordance with 42 CFR § 440.60. Mechanotherapists are licensed providers who provide services within the scope of their practice under State law.

Mechanotherapists' services must be reasonable in amount, frequency, and duration. Each period of treatment ( i.e., no more than sixty days for rehabilitative services or no more than six months for developmental services) must begin with an evaluation.

A mechanotherapist must develop a plan of care for the patient that must be based on the evaluation of the patient. The plan of care must include specific therapeutic procedures to be used and specific functional goals.

The mechanotherapist must conduct and document a therapy progress summary/progress report at the conclusion of each period of treatment. If an additional treatment period is indicated, then the current period of treatment must end with a re-evaluation. The development of a maintenance plan is covered, but maintenance services are not.

Mechanotherapists' services provided to long-term care facility residents are included as long-term care facility services. Long-term care facilities are responsible for ensuring that their recipient-residents obtain necessary therapy services.

#### Limitations

Beneficiaries younger than age twenty-one can access mechanotherapists' services without limitation when medically necessary.

TN: 12-018

Supersedes:

TN: 08-012

Approval Date: 3/12/13

Effective Date: 10/01/2012