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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

Department of Health & Human Services Centers for Medicare & Medicaid Services 233 North Michigan Avenue, Suite 600 Chicago, Illinois 60601-5519



March 12, 2013

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

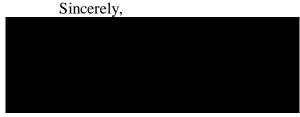
RE: TN 12-018

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 if you have any questions.



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

TRANSMITTAL AND NOTICE OF APPROVAL OF	I. TRANSMITTAL NUMBER:	2. STATE	
STATE PLAN MATERIAL	12 - 018	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 October 1, 2012		
5. TYPE OF PLAN MATERIAL (Check One):			
☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☐ AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
COMPLETE BLOCKS 6 THRU IV IT THIS IS AN AME			
6. FEDERAL STATUTE/REGULATION CITATION: Section 1905(a)(6) of the Social Security Act	7. FEDERAL BUDGET IMPACT: a. FFY 2012 \$ 0 thousa	··· •	
Section 440.60	a. FFY 2012 \$ 0 thousands b. FFY 2013 \$ 0 thousands		
55611011 770.00	0. FF 1 2013 \$0 (nous)	anus	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1-A, Pre-Print page 2, Item 6, Page 4 of 6 (TN 08-012)		
Attachment 3.1-A, Item 6-d-1, Page I of I			
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10. SUBJECT OF AMENDMENT: Mechanotherapists' services: coverage and limitations			
1 I. GOVERNOR'S REVIEW (Check One):			
GOVERNOR'S OFFICE REPORTED NO COMMENT			
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	Governor has delegated signature authority		
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL to ODJFS Director. Director has delegated			
signature authority to Medicald 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: JOHN B. MCCARTHY			
14. TITLE: STATE MEDICAID DIRECTOR			
15. DATE SUBMITTED: 12-21-2012			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: December 21, 2012	18. DATE APPROVED: 3/12/13		
PLAN APPROVED - ONE 19. EFFECTIVE DATE OF APPROVED MATERIAL:			
October 1, 2012	20. SIGNATURE OF REGIONAL OFFICIAL:		
21. TYPED NAME: Verlon Johnson	22. TITLE: Associate Regional Administr	ator	
23. REMARKS:		18-18-18-18-18-18-18-18-18-18-18-18-18-1	
영화 발표가 있는 이 토토토 이번 사람들은 사이를 하고 있다면 얼마를 들어 났다.			
나를 통지했다. 사람들 아름일 하는 것 없다는 물을 하는 것 같은 사람들이 하는			
그림 경기 그리면서 조막하다 사람들이 가를 하는데 그렇다.			
그리는 얼마를 보는데 하나 맛을 보았다면 화가를 하는 것 같다.	강성 어린 사람들 중에게 되는 말을 다		
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노이 공연화실 개통 경출하였다. 사이 존중하는 것은 다시 이 이 나 오함	좋아!!!!!!! 중요 네 시설까요? 좀보다다		
"이 "마다는 "이렇게 보고 있는데 이 마시를 하고 있다면 있다면 있다면 있다면 하는데 되었다면 하는데 보고 있는데 보고 있다면 보다 보고 있다면 보고 있 되었다면 보고 있다면			
근데 근 이 왕이. 그렇게 이 노인되는 그 그리게 병생된 한 후 시간을 하게 살아왔다면 하다.			

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: <u>12-018</u> Approval Date: <u>3/12/13</u>

Supersedes: TN: 08-012 Effe

Effective Date: 10/01/2012