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State/Territory Name: OH

State Plan Amendment (SPA) #: 13-013

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) 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



December 20, 2013

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

RE: TN 13-013

Dear Mr. McCarthy:

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

Transmittal #13-013 Physical therapy and related services: coverage and limitations;
Preventive services: coverage, limitations, and payment for services,
effective January 1, 2014

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

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

Enclosure

cc: Debbie Saxe, ODM
Andy Jones, ODM
Becky Jackson, ODM

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 13 -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, 2014	
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: Sections 1905(a)(11) and 1905(a)(13) of the Social Security Act 42 CFR 440.110 and 440.130 Section 4106 of the Affordable Care Act		7. FEDERAL BUDGET IMPACT: a. FFY 2014 \$ (397,404) thousands b. FFY 2015 \$ (529,872) thousands	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A, Page 6 Attachment 3.1-A, Item 11-a, Page 1 of 1 Attachment 3.1-A, Item 11-b, Page 1 and 2 of 2 of 2 CO Attachment 3.1-A, Item 11-c, Page 1 and 2 of 2 Attachment 3.1-A, Item 13-c, Page 1 of 1 (NEW) Attachment 4.19-B, Item 13-c, Page 1 of 1 (NEW)		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1-A, Page 6 (TN 95-16) Attachment 3.1-A Item 11, page 1 and 2 of 6 (TN 09-016) Attachment 3.1-A Item 11, page 3 and 4 of 6 (TN 09-016) Attachment 3.1-A Item 11, page 5 and 6 of 6 (TN 09-016)	
10. SUBJECT OF AMENDMENT: Physical therapy and related services: Coverage and limitations and Preventive services: Coverage and limitations and Payment for services			
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: The State Medicaid Director is the Governor's designee	
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Becky Jackson The Ohio Department of Medicaid P.O. BOX 182709 Columbus, Ohio 43218	
13. TYPED NAME: John B. McCarthy			
14. TITLE: STATE MEDICAID DIRECTOR			
15. DATE SUBMITTED: 09/30/13			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: September 30, 2013		18. DATE APPROVED: December 20, 2013	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2014		20. SIGNATURE OF REGIONAL OFFICIAL: /s/	
21. TYPED NAME: Alan Freund		22. TITLE: Acting Associate Regional Administrator	
23. REMARKS:			

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

b. Screening services.

Provided: No Limitations With Limitations*
 Not Provided.

c. Preventive services.

Provided: No Limitations With Limitations*
 Not Provided.

d. Rehabilitative services.

Provided: No Limitations With Limitations*
 Not Provided.

14. Services for individuals age 65 or older in institutions for mental diseases.

a. Inpatient hospital services.

Provided: No Limitations With Limitations*
 Not Provided.

b. Skilled nursing facility services.

Provided: No Limitations With Limitations*
 Not Provided.

c. Intermediate care facility services.

Provided: No Limitations With Limitations*
 Not Provided.

*Description provided on attachment.

TN: 13-013
Supersedes:
TN: 95-16

Approval Date: 12/20/13
Effective Date: 01/01/2014

11. Physical Therapy and related services.

a. Physical therapy services.

Physical therapy services are covered by Ohio Medicaid in accordance with 42 CFR § 440.110.

Beneficiaries younger than age twenty-one can access physical therapy services without limitation when such services are medically necessary.

Physical therapy services determined by the department as not medically necessary will not be covered.

Limitations:

Physical therapy services must be provided by a physical therapist, a physical therapist assistant, or a physical therapy student who is completing an internship, providing physical therapy services in accordance with Ohio law, who meets the provider qualifications outlined in 42 CFR 440.110.

Licensed physical therapist assistants must provide physical therapy only under the direct supervision of a physical therapist who will conduct face-to-face client evaluations initially and periodically (not less than annually) thereafter.

Independent practitioners of physical therapy must be certified under the Medicare program and must maintain an independent practice as defined and determined under Medicare. Pediatric therapy providers who do not serve Medicare consumers may apply to be exempted from the Medicare participation requirement if they otherwise meet the requirements for Medicare participation.

Physical therapy services must be for a reasonable amount, frequency, and duration. Physical therapy services must be provided in accordance with a documented treatment plan that is based on a documented clinical evaluation and assessment. Reevaluation of rehabilitative physical therapy services cannot be made more often than once every sixty days. Reevaluation of developmental physical therapy services cannot be made more often than once every six months.

Ohio Medicaid covers thirty physical therapy service visits in the non-institutional setting per benefit year without prior authorization. Additional visits are available through the prior authorization process.

TN: 13-013
Supersedes:
TN: 09-016

Approval Date 12/20/13
Effective Date 01/01/2014

11. Physical Therapy and related services, continued.

b. Occupational therapy services,

Occupational therapy services are covered by Ohio Medicaid in accordance with 42 CFR § 440.110.

Beneficiaries younger than age twenty-one can access occupational therapy services without limitation when such services are medically necessary.

Occupational therapy services determined by the department as not medically necessary will not be covered.

Limitations:

Occupational therapy services must be provided by an occupational therapist, an occupational therapist assistant, or an occupational therapy student who is completing an internship, providing occupational therapy services in accordance with Ohio law, who meets the provider qualifications outlined in 42 CFR 440.110.

Licensed occupational therapy assistants must provide occupational therapy only under the direct supervision of a occupational therapist who will conduct face-to-face client evaluations initially and periodically (not less than annually) thereafter.

Independent practitioners of occupational therapy must be certified under the Medicare program and must maintain an independent practice as defined and determined under Medicare. Pediatric therapy providers who do not serve Medicare consumers may apply to be exempted from the Medicare participation requirement if they otherwise meet the requirements for Medicare participation.

Occupational therapy services must be for a reasonable amount, frequency, and duration. Occupational therapy services must be provided in accordance with a documented treatment plan that is based on a documented clinical evaluation and assessment. Reevaluation of rehabilitative occupational therapy services cannot be made more often than once every sixty days. Reevaluation of developmental occupational therapy services cannot be made more often than once every six months.

Ohio Medicaid covers thirty occupational therapy service visits in the non-institutional setting per benefit year without prior authorization. Additional visits are available through the prior authorization process.

TN: 13-013
Supersedes:
TN: 09-016

Approval Date 12/20/13
Effective Date 01/01/2014

11. Physical Therapy and related services, continued.

- c. Services for individuals with speech, hearing, and language disorders (provided by or under supervision of a speech pathologist or audiologist).

Services for individuals with speech, hearing, and language disorders (provided by or under supervision of a speech pathologist or audiologist) are covered by Ohio Medicaid in accordance with 42 CFR § 440.110.

Beneficiaries younger than age twenty-one can access services for individuals with speech, hearing, and language disorders (provided by or under supervision of a speech pathologist or audiologist) without limitation when such services are medically necessary.

Services for individuals with speech, hearing, and language disorders (provided by or under supervision of a speech pathologist or audiologist) determined by the department as not medically necessary will not be covered.

Services for individuals with speech, hearing, and language disorders (provided by or under supervision of a speech pathologist or audiologist) are speech-language pathology services and audiology services.

Limitations:

Speech-language pathology services:

Speech-language pathology services must be provided by a speech-language pathologist (SLP), a speech-language pathology aide (SPLA), a speech-language pathology (SLP) student who is completing an internship, or a person holding a conditional license to practice speech-language pathology, providing speech-language pathology services in accordance with Ohio law and 42 CFR 440.110.

SLPA aides must provide SLP services under the direct supervision of a speech-language pathologist who conducts face-to-face client evaluations initially and periodically (not less than annually) thereafter.

Independent practitioners of speech-language pathology services must be certified under the Medicare program and must maintain an independent practice as defined and determined under Medicare. Pediatric speech language pathology providers who do not serve Medicare consumers may apply to be exempted from the Medicare participation requirement if they otherwise meet the requirements for Medicare participation.

SLP services must be for a reasonable amount, frequency, and duration. SLP services must be provided in accordance with a documented treatment plan that is based on a documented clinical evaluation and assessment.

TN: 13-013
Supersedes:
TN: 09-016

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Effective Date: 01/01/2014

- c. Services for individuals with speech, hearing, and language disorders (provided by or under supervision of a speech pathologist or audiologist), continued.

Ohio Medicaid covers thirty service visits provided by or under supervision of a speech pathologist or audiologist per Medicaid beneficiary in non-institutional settings per benefit year without prior authorization. Additional visits are available through the prior authorization process.

Audiology services:

Audiology services must be provided by an audiologist, an audiology aide, an audiology student who is completing an internship, or a person holding a conditional license to practice audiology, providing audiology services in accordance with Ohio law, who meets the provider qualifications outlined in 42 CFR 440.110.

Audiology aides must provide audiology services under the direct supervision of an audiologist who will conduct face-to-face client evaluations initially and periodically (not less than annually) thereafter.

Independent practitioners of audiology services must be certified under the Medicare program and must maintain an independent practice as defined and determined under Medicare. Pediatric audiology providers who do not serve Medicare consumers may apply to be exempted from the Medicare participation requirement if they otherwise meet the requirements for Medicare participation.

Audiology services must be for a reasonable amount, frequency, and duration. Audiological services must be provided in accordance with a documented treatment plan that is based on a documented clinical evaluation and assessment.

Ohio Medicaid covers thirty service visits provided by or under supervision of a speech pathologist or audiologist per Medicaid beneficiary in non-institutional settings per benefit year without prior authorization. Additional visits are available through the prior authorization process.

TN: 13-013
Supersedes:
TN: 09-016

Approval Date: 12/20/13

Effective Date: 01/01/2014

13. Other diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in the plan.

c. Preventive services.

Preventive services are covered by Ohio Medicaid in accordance with Section 4106 of the Affordable Care Act and 42 CFR § 440.130(c).

All USPSTF grade A and B preventive services and approved vaccines recommended by ACIP, and their administration, are covered and reimbursed, without cost-sharing.

The State assures that it has documentation available to support the claiming of FMAP for all USPSTF grade A and B preventive services and approved vaccines recommended by ACIP, and their administration.

The State assures that it has a method to update coverage and billing codes to comply with any changes that are made to USPSTF or ACIP recommendations.

In addition to the services specified under section 4106 of the Affordable Care Act, Ohio covers, without cost-sharing, services specified under Public Health Service Act section 2713 which is in alignment with the Alternative Benefit Plan.

Services determined by the department as not medically necessary will not be covered.

TN: 13-013
Supersedes:
TN: NEW

Approval Date: 12/20/13
Effective Date: 01/01/2014

13. Other diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in the plan.

c. Preventive services.

Payment for preventive services is the lesser of the billed charge or an amount based on the Medicaid maximum for the service. The Medicaid maximum is the amount listed on the Department's Preventive services fee schedule.

All rates are published on the agency's website at medicaid.ohio.gov/OHP/PROVIDERS/FeeScheduleandRates.aspx.

The agency's fee schedule was set as of January 1, 2014, and is effective for 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.

TN: 13-013
Supersedes:
TN: NEW

Approval Date: 12/20/13
Effective Date: 01/01/2014