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State/Territory Name: Ohio

State Plan Amendment (SPA) #: 17-001

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 31, 2017

Barbara R. Sears, Director Ohio Department of Medicaid P.O. Box 182709 50 West Town Street, Suite 400 Columbus, Ohio 43218

RE: State Plan Amendment Transmittal Number 17-001

Dear Ms. Sears:

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

Transmittal #17-001 - Payment for Services: Other Licensed Practitioner Fee Schedule

Update - Non-Physician Licensed Behavioral Health

Practitioners

- Effective Date: January 1, 2017

- Approval Date: March 31, 2017

If you have any questions regarding this State Plan Amendment, please have a member of your staff contact Christine Davidson at (312) 886-3642 or by email at christine.davidson@cms.hhs.gov.

Sincerely,

/s/ Alan Freund, Acting ARA

Ruth A. Hughes Associate Regional Administrator

Division of Medicaid and Children's Health Operations

Enclosure

cc: Sarah Curtin, ODM

Carolyn Humphrey, ODM Becky Jackson, ODM Greg Niehoff, ODM

TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE
STATE PLAN MATERIAL	17-001	OHIO
	2. PROCE AND PRESENTATION OF THE VIEW OF THE	
FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
CENTERS FOR MEDICARE & MEDICAID SERVICES	January 1, 2017	
DEPARTMENT OF HEALTH AND HUMAN SERVICES		
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)		
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 440.60	7. FEDERAL BUDGET IMPACT:	
42 CI R 440.00	a. FFY \$0 b. FFY \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERS	EDED PLAN SECTION
	OR ATTACHMENT (If Applicable):	
Attachment 4,19-B, Item 6-d-(2) page 1 of 2	Attachment 4.19-B, Item 6-d-(2) page 1 of 2 (TN 16-004)	
10. SUBJECT OF AMENDMENT: Payment for Services: OLP: Non-Physician Licensed Behavioral Health Practitioners: Payment Schedule Update		
Schedule Opuate		
11. GOVERNOR'S REVIEW (Check One):		
GOVERNOR'S OFFICE REPORTED NO COMMENT	☑ OTHER, AS SPEC	
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	The State Medicald Direct	or is the Governor's designee
INORDIE RECEIVED WITHIN 43 DATS OF SCHWILL LAD		
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:	
13. TYPED NAME: BARBARA R. SEARS	Carolyn Humphrey	
14 EITH F. CTATE MEDICAYS SYSTEM	Ohio Department of Medicaid P.O. BOX 182709	
14. TITLE: STATE MEDICAID DIRECTOR	Columbus, Ohio 43218	
15. DATE SUBMITTED: February 13,2017		
FOR REGIONAL OFFICE USE ONLY		
17. DATE RECEIVED: February 13, 2017	18. DATE APPROVED: March 31,	2017
PLAN APPROVED – ONE COPY ATTACHED		
19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2017	20. SIGNATURE OF REGIONAL OFFICIAL: /s/	
21. TYPED NAME: Alan Freund	22. TITLE: Acting Associate Regional Administrator	
23. REMARKS;	Acting Associate Regional	Administrator
23. REMARKS.		

- 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, continued.
 - d. Other Licensed practitioners' services, continued.
 - (2) Non-Physician Licensed Behavioral Health Practitioners

Payment for services delivered by Non-Physician Licensed Behavioral Health Practitioners (NP-LBHP), as outlined in Attachment 3.1-A, is the lesser of the billed charge or the Medicaid fee schedule established by the State of Ohio.

All rates are published on the Ohio Department of Medicaid (ODM) Fee Schedule and Rates website at: http://medicaid.ohio.gov/providers/FeeScheduleandRates.aspx.

The agency's fee schedule rate was set as of January 1, 2017 and is effective for services provided on or after that date.

Except as otherwise noted in the State Plan, the State-developed fee schedule is the same for both governmental and private individual providers.

If a Medicare fee exists for a defined covered procedure code, the State will pay the following licensed practitioners at 100% of the Medicaid maximum for the service:

- Psychologists;
- Doctoral psychology trainees who are under the supervision of a licensed psychologist; and
- Board-registered psychology assistant who are under the supervision of a licensed psychologist.

If a Medicare fee exists for a defined covered procedure code, the State will pay the following independent practitioners at 85% of the Medicaid maximum for the service:

- Board-licensed school psychologists;
- Licensed professional clinical counselors (LPCCs);
- Licensed independent social workers (LISWs);
- Licensed independent marriage and family therapists (LIMFTs); and
- Licensed independent chemical dependency counselors (LICDCs).

If a Medicare fee exists for a defined covered procedure code, the State will pay the following practitioners requiring supervision at 85% of the Medicaid maximum for the service:

- Licensed professional counselors;
- Licensed chemical dependency counselors III;
- Licensed chemical dependency counselors II;
- Licensed social workers;
- Licensed marriage and family therapists;

TN: <u>17-001</u> Approval Date: <u>03/31/2017</u>

Supersedes: TN: 16-004

Effective Date: 01/01/2017