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State/Territory Name: Ohio

State Plan Amendment (SPA) #: 17-008

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

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

December 4, 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 17-008

Dear Ms. Sears:

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

Transmittal #17-008
- Coverage & Limitations and Payment for Services: Mental Health Rehabilitation
- Effective Date: January 1, 2018
- Approval Date: December 4, 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/

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 STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: **17-008 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 **01/01/2018**	

5. TYPE OF PLAN MATERIAL *(Check One)*:

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ **AMENDMENT**

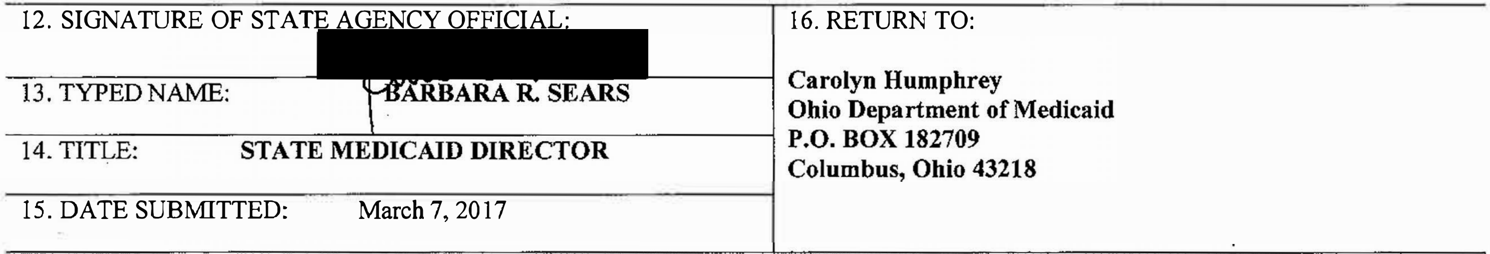
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT *(Separate Transmittal for each amendment)*

6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:
1905(a)(13) of the Act 42 CFR 440.130	a. FFY 2017 $ 5,586 thousands b. FFY 2018 $ 23,104 thousands
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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*: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, Item 13-d-1 pages 1-17 of 28	Attachment 3.1-A, Item 13-d-1 pages 1 and 4 (TN 13-011) Attachment 3.1-A, Item 13-d-1 pages 2,3,5-11, and 13-17 (TN 11-025 Attachment 3.1-A, Item 13-d-1 page 12 (TN 12-015)
Attachment 4.19-B, Item 13-d-(1) pages 1 and 2 of 2	Attachment 4.19-B, Item 13-d-(1) page 1 (TN 13-019) Attachment 4.19-B, Item 13-d-(1) page 2 (TN 14-010)

10. SUBJECT OF AMENDMENT: Coverage and Limitations and Payment for Services: Rehabilitative Services (Mental Health): New Services, New Rates and Evidence-Based Practices

11. GOVERNOR'S REVIEW *(Check One)*:

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
☒ OTHER, AS SPECIFIED:
The State Medicaid Director is the Governor's designee



12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:
13. TYPED NAME: **BARBARA R. SEARS**	**Carolyn Humphrey** **Ohio Department of Medicaid** **P.O. BOX 182709** **Columbus, Ohio 43218**
14. TITLE: **STATE MEDICAID DIRECTOR**	
15. DATE SUBMITTED: March 7, 2017	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: March 7, 2017	18. DATE APPROVED: December 4, 2017
PLAN APPROVED – ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2018	20. SIGNATURE OF REGIONAL OFFICIAL: /s/
21. TYPED NAME: Ruth A. Hughes	22. TITLE: Associate Regional Administrator

23. REMARKS:

Instructions on Back

FORM CMS-179 (07-92)

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

    d. Rehabilitative services

        1. Mental Health Rehabilitative services

The following explanations apply to the mental health rehabilitative services covered under Item 13-d-1, which are:

- Therapeutic Behavioral Services (TBS)
- Psychosocial Rehabilitation (PSR)

These rehabilitative services are provided to all Medicaid eligible adults and children with an identified mental health and/or substance abuse diagnosis. The medical necessity for these rehabilitative services must be determined by and services recommended by a licensed behavioral health practitioner or physician who is acting within the scope of his/her professional license and applicable state law to promote the maximum reduction of symptoms and/or restoration of an individual to his/her best age-appropriate functional level. Licensed practitioners of the healing arts operating within their scope of practice under State license include: a medical doctor or doctor of osteopathic medicine; psychologist; clinical nurse specialist; nurse practitioner; licensed independent social worker; licensed social worker; licensed professional clinical counselor; licensed professional counselor; licensed independent marriage and family therapist; licensed marriage and family therapist; or Board-licensed school psychologist. Nursing activities performed as part of Rehabilitative Services by Registered Nurses (RN) and Licensed Practical Nurses (LPN) must be ordered by a physician, physician assistant (PA), clinical nurse specialist (CNS) or certified nurse practitioner (CNP). Direct services provided by the licensed practitioner not listed under TBS or PSR are billable under other sections of the State Plan (e.g., Physician and Other Licensed Practitioner).

Service Utilization:
The components included in the service must be intended to achieve identified treatment plan goals or objectives. All rehabilitative services are provided to, or directed exclusively toward, the treatment of the Medicaid-eligible individual in accordance with section 1902(a)(10)(A) of the Act.

These rehabilitative services are provided according to an individualized treatment plan, which is subject to prior approval. The components included in the service must be intended to achieve identified treatment plan goals or objectives. The frequency and duration of rehabilitation services will be identified in the individual treatment plan and must be supported by an identified need and recovery goal.

The treatment plan should be developed in a person-centered manner with the active participation of the individual, family and providers and be based on the individual's condition and the standards of practice for the provision of these specific rehabilitative services. At a minimum, annual reevaluations of the treatment plan must occur. A new treatment plan should be developed if there is no measureable reduction of disability or restoration of functional level.

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    d. Rehabilitative services

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The following Evidence-Based Practices (EBPs) provided as part of Rehabilitative Services require prior approval and fidelity reviews on an ongoing basis as determined necessary by ODM or its designee: Assertive Community Treatment (ACT). ACT includes individualized treatment at the needed intensity using components A – H listed under TBS and all aspects of PSR provided by other qualified providers of TBS and PSR. ACT also includes coordination of behavioral health services and coordination with collaterals including sharing information with healthcare and other providers. Additional EBP techniques included in Rehabilitative Services and not requiring ongoing fidelity reviews, such as trauma-focused CBT, may be integrated into rehabilitation services by providers without prior approval. Services provided to children and youth must include communication and coordination with the family and/or legal guardian and custodial agency for children in state custody. Coordination with other child-serving systems should occur as needed to achieve the Medicaid behavioral health treatment goals. All coordination regarding Medicaid behavioral health services must be documented in the individual's medical record.

Provider Agency Qualifications:
Any unlicensed practitioner providing mental health services must operate within an agency licensed, certified or designated by ODM or its designee that is qualified to provide the supervision required of an unlicensed practitioner for that service. Any entity providing Mental Health treatment services must be certified by Ohio Department of Medicaid or its designee, in addition to any required scope-of-practice license required for the facility or agency to practice in the State of Ohio.

Limitations:
The components included in the service must be intended to achieve identified treatment plan goals or objectives. Rehabilitative services will not substitute or supplant natural supports. Rehabilitative services do not include, and FFP is not available for any of the following, in accordance with section 1905(a)(13) of the Act:

a. educational, vocational and job training services;
b. room and board;
c. habilitation services *(including financial management, supportive housing, supportive employment services, and basic skill acquisition services that are habilitative in nature)*;
d. services to inmates in public institutions as defined in 42 CFR 435.1010;
e. services to individuals residing in institutions for mental diseases as described in 42 CFR 435.1010;
f. recreational and social activities; and
g. services that must be covered elsewhere in the state Medicaid plan.

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Therapeutic Behavioral Services (TBS)

Therapeutic Behavioral Services are goal-directed supports and solution-focused interventions intended to achieve identified goals or objectives as set forth in the individual's treatment plan. Solution-focused interventions, emotional and behavioral management, and problem behavior analysis includes the implementation of interventions using evidence-based techniques, drawn from cognitive-behavioral therapy and/or other psychotherapeutic interventions that ameliorate targeted symptoms and/or recover the person's capacity to cope with or prevent symptom manifestation. The combination and intensity of services will based on an individualized assessment of medical necessity for each beneficiary. TBS is an individual or group face-to-face intervention with the individual, family/caregiver and/or or other collateral supports. TBS can occur in a variety of settings including community locations where the beneficiary lives, works, attends school, engages in services (e.g., provider office sites) and/or socializes; in an office; and/or by telemedicine methods meeting the State Medicaid agency's telemedicine equipment specifications and requirements. The intent of TBS is to restore an individual's functional level as possible and as necessary for integration of the individual as an active and productive member of their community and family with minimal ongoing professional intervention. Activities included must be intended to achieve the identified goals or objectives as set forth in the Medicaid-eligible individual's treatment plan. This includes consultation with a licensed practitioner to assist with the individual's needs and service planning for Medicaid behavioral health services, and referral and linkage to other Medicaid behavioral health services to avoid more restrictive levels of treatment.

Components include:

A. Treatment Planning - Participating in and utilizing strengths-based treatments/planning which may include assisting the individual and family members or other collaterals with identifying strengths and needs, resources, natural supports and developing goals and objectives to utilize personal strengths, resources, and natural supports to address functional deficits associated with their mental illness. This only includes developing the treatment plan for the Medicaid behavioral health services provided to the individual;

B. Identification of strategies or treatment options - Assisting the individual and family members or other collaterals to identify strategies or treatment options associated with the individual's mental illness, with the goal of minimizing the negative effects of mental illness symptoms or emotional disturbances or associated behavioral health stressors which interfere with the individual's daily living, financial management, housing, academic and/or employment progress, personal recovery or resilience, family and/or interpersonal relationships, and community integration;

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C. Counseling - Developing and providing individual supportive counseling including solution-focused interventions, emotional and behavioral management, and problem behavior analysis drawn from cognitive-behavioral therapy and/or other evidence-based psychotherapeutic interventions that ameliorate targeted symptoms and/or recover the person's capacity to cope with or prevent symptom manifestation. The goal is to assist the individual to re-acquire skills to minimize mental health and behavioral symptoms that interfere with the individual's ability to develop and maintain social, interpersonal, self-care, and independent living skills needed to improve and to restore stability and daily functioning within the individual's natural community settings.

D. Restoration of social skills - Rehabilitation and support with the restoration of social and interpersonal skills, problem solving, conflict resolution, and emotions/behavior management to increase community tenure, enhance personal relationships, establish support networks, increase community awareness, develop positive coping mechanisms and strategies, and promote effective functioning in the individual's social environment including home, work and school;

E. Restoration of daily functioning - Assisting the individual to restore daily functioning specific to managing their own home, including managing money and medications, using community resources, and other self-care requirements; and

F. Crisis prevention and amelioration - Assisting the individual with effectively responding to or avoiding identified precursors or triggers that would put the individual at risk of not remaining in a natural community location, or that result in functional impairments, including assisting the individual and family members or other collaterals with identifying a potential psychiatric or personal crisis, developing a crisis management plan, and/or, as appropriate, seeking other supports to restore stability and functioning.

G. Psychoeducational services including instruction and training of persons served in order to increase their knowledge and understanding of their psychiatric diagnosis(es), prognosis(es), treatment, and rehabilitation in order to enhance their acceptance, increase their cooperation and collaboration with treatment and rehabilitation and favorably affect their outcomes.

H. Nursing Services-Performing Nursing Assessments and assisting the individual with individual and group medication education and developing and providing support for symptom management.

Practitioner qualifications:

Any of the components above may be performed by, a TBS provider who is an individual who has at least a Bachelor's Degree in social work, psychology, nursing, or in related human services OR at least a Master's Degree in social work, psychology, nursing or in related human services OR who has a Bachelor's or Master's Degree in social work, psychology, nursing, or in related human services and has been certified in the Evidence-Based Practice of Assertive Community Treatment. Providers may substitute three years of relevant work experience for a Bachelor's degree except for the Evidence-Based

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Practice of Assertive Community Treatment. These practitioners include licensed practitioners such as: Registered nurses to the extent they are operating under the scope of their license and performing nursing services. Nursing assessments and group medication education performed under component G must be performed by a registered nurse. Individuals providing services must have training in the general training requirements required by the State Medicaid agency, including cultural competence and trauma-informed care.

Supervisor qualifications:
TBS providers must receive regularly-scheduled clinical supervision from one of the following licensed practitioners operating within their scope of practice: a medical doctor or doctor of osteopathic medicine, registered nurse, Master of Science in nursing, clinical nurse specialist, certified nurse practitioner, licensed independent social worker, licensed social worker, licensed professional counselor, licensed professional clinical counselor, licensed independent marriage and family therapist, licensed marriage and family therapist, Board-licensed school psychologist, or psychologist. Supervisors must also be aware of and sensitive to the cultural needs of the population of focus and how to best meet those needs, and be capable of training staff regarding these issues. Direct services provided by the licensed practitioner not listed under TBS are billable under other sections of the State Plan (e.g., Physician and Other Licensed Practitioner).

Psychosocial Rehabilitation (PSR)

PSR assists individuals with implementing interventions outlined in a treatment plan to compensate for or eliminate functional deficits and interpersonal and/or behavioral health barriers associated with an individual's behavioral health diagnosis. The combination and intensity of services will based on an individualized assessment of medical necessity for each beneficiary. PSR is an individual face-to-face intervention with the individual. PSR includes restoration, rehabilitation and support of daily functioning to improve self-management of the negative effects of psychiatric or emotional symptoms that interfere with a person's daily functioning. PSR supports the individual with restoration and implementation of daily functioning and daily routines critical to remaining successfully in home, school, work, and community. PSR includes rehabilitation and support to restore skills to function in a natural community environment.

Practitioner qualifications for PSR specialist:
Any of the activities above may be performed by a PSR specialist must be at least 18 years old and have a high school diploma with applicable experience in mental health. These practitioners also include Licensed Practical Nurses (LPNs) to the extent they are operating within the scope of their license. LPNs certified in the prior-approved Evidence-Based Practice of Assertive Community Treatment may also perform the PSR activities above. Individuals providing services must be trained in the general training requirements

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required by the State Medicaid agency, including cultural competence and trauma-informed care.

PSR specialists in the prior-approved Evidence-Based Practices of Assertive Community Treatment may perform the PSR activities above as a peer and must additionally:

- Be certified in the Evidence-Based Practice of Assertive Community Treatment.
- Be at least 18 years old, and have a high school diploma or equivalent.
- Self-identify as having a lived experience of mental illness as a present or former primary individual of mental health and/or SUD services.
- Be certified in the State of Ohio to provide the service, which includes criminal, abuse/neglect registry, and professional background checks; completion of a state-approved standardized 16-hour on-line basic training; completion of a 40-hour peer service delivery training or three years of formal peer service delivery; and pass the OhioMHAS Peer Recovery Supporter exam. Training includes: academic information, practical knowledge and creative activities focused on the principles and concepts of peer support and how it differs from clinical support, tools for promoting wellness and recovery, knowledge about individual rights advocacy, confidentiality, and boundaries, as well as approaches to care that incorporate creativity. Individuals with histories of criminal justice involvement are not necessarily disqualified from being a peer, but must be reviewed on a case-by-case basis.

Supervisor Qualifications:
PSR providers must receive regularly-scheduled clinical supervision from one of the following practitioners operating within their scope of practice: a medical doctor or doctor of osteopathic medicine, registered nurse, Master of Science in nursing, clinical nurse specialist, certified nurse practitioner, licensed independent social worker, licensed independent marriage and family therapist, licensed social worker, licensed marriage and family therapist, licensed professional counselor, licensed professional clinical counselor, Board-licensed school psychologist, or psychologist. Supervisors must also be aware of and sensitive to the cultural needs of the population of focus and how to best meet those needs, and be capable of training staff regarding these issues. Direct services provided by the licensed practitioner not listed under PSR are billable under other sections of the State Plan (e.g., Physician and Other Licensed Practitioner).

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Payment for mental health rehabilitative services as described in Attachment 3.1-A, Item 13-d-1 shall be the lesser of the billed charge or an amount based on the Medicaid maximum for the service.

A unit of service is defined according to the Healthcare Common Procedure Coding System (HCPCS) approved code set consistent with the National Correct Coding Initiative unless otherwise specified.

Except as otherwise noted in the plan, state-developed fee schedule rates for these services are the same for both governmental and private providers.

The agency's mental health rehabilitative services fee schedule rates were set as of January 1, 2018 and are effective for services provided on or after that date.

All rates and unit of service definitions are published on the agency's website at http://medicaid.ohio.gov/providers/feescheduleandrates.aspx.

The fee development methodology will build fees considering each component of provider costs as outlined below. These reimbursement methodologies will produce rates sufficient to enlist enough providers so that services under the plan are available to beneficiaries at least to the extent that these services are available to the general population, as required by 42 CFR 447.204. These rates comply with the requirements of Section 1902(a)(3) of the Social Security Act and 42 CFR 447.200, regarding payments and consistent with economy, efficiency, and quality of care. Provider enrollment and retention will be reviewed periodically to ensure that access to care and adequacy of payments are maintained. The Medicaid fee schedule will be equal to or less than the maximum allowable under the same Medicare rate, where there is a comparable Medicare rate. Room and board costs are not included in the Medicaid fee schedule. No payments for residents of Institutions for Mental Disease will be made under the Rehabilitation section of the State Plan.

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The fee development methodology is based upon provider cost modeling, which is composed of Ohio provider compensation studies, cost data, and fees from similar State Medicaid programs. The following list outlines the major components of the cost model to be used in fee development.

- Staffing assumptions and staff wages of the practitioner delivering the direct care using the Bureau of Labor Statistics wage data for Ohio.
- Employee-related expenses — benefits, employer taxes (e.g., Federal Insurance Contributions Act (FICA), unemployment, and workers compensation).
- Program-related expenses (e.g., supplies).
- Provider overhead expenses.
- Program billable units.

The fee schedule rates were developed as the ratio of total annual modeled provider costs to the estimated annual billable units with the following exceptions noted below:

- Therapeutic Behavioral Services (TBS) provided by high school practitioners with three years of experience were set at the same rate as TBS provided by practitioners with a Bachelor's Degree. Rates for TBS provided by Bachelor's level practitioners were set using the Bureau of Labor Statistics wage data for Ohio for that level of practitioner.
- All TBS and PSR rates for practitioners on Assertive Community Treatment (ACT) teams were set using the respective high school, Bachelor's or Master's Bureau of Labor Statistics wage data for Ohio and indirect cost assumptions for an ACT team of seventy-five individuals (medium team).