

## **Table of Contents**

**State/Territory Name: Ohio**

**State Plan Amendment (SPA) #: 17-0013**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

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



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February 22, 2018

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 17-013

Dear Ms. Sears:

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

Transmittal #17-013

- Coverage and Limitations and Payment for Services:  
Rehabilitation Services-Substance Use Disorder
- Effective Date: January 1, 2018
- Approval Date: February 22, 2018

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](mailto: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

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: <b>17-013 Revised</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 <b>01/01/2018</b>	
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"/> <b>AMENDMENT</b>			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: 1905(a)(13) of the Act 42 CFR 440.130		7. FEDERAL BUDGET IMPACT: a. FFY 18 \$ 4,911 thousands b. FFY 19 \$ 6,769 thousands	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Attachment 3.1-A, Item 13-d-2 pages 1-9 of 9  Attachment 4.19-B, Item 13-d-(2) pages 1 and 2 of 2		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  Attachment 3.1-A, Item 13-d-2: pages 2, 4, 7, 10, 13, 16, 17, 18, and 19 of 19 (TN 11-029) pages 5 and 11 (TN 12-007) page 14a (TN 12-012) pages 1, 3, 6, 8, 9, 12, 14, and 15 (TN 13-011)  Attachment 4.19-B, Item 13-d-(2) page 1 of 2 (TN 14-010) Attachment 4.19-B, Item 13-d-(2) page 2 of 2 (TN 13-019)	
10. SUBJECT OF AMENDMENT: Coverage and Limitations and Payment for Services: Rehabilitative Services: Substance Use Disorder: ASAM Criteria, Updated Rates			
11. GOVERNOR'S REVIEW (Check One):			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED:	
<input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED		The State Medicaid Director is the Governor's designee	
<input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO:	
13. TYPED NAME: <b>BARBARA R. SEARS</b>		<b>Carolyn Humphrey</b>	
14. TITLE: <b>STATE MEDICAID DIRECTOR</b>		<b>Ohio Department of Medicaid</b>	
15. DATE SUBMITTED: <b>March 21, 2017</b>		<b>P.O. BOX 182709</b>	
		<b>Columbus, Ohio 43218</b>	
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: <b>March 21, 2017</b>		18. DATE APPROVED: <b>February 22, 2018</b>	
<b>PLAN APPROVED - ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL: <b>January 1, 2018</b>		20. SIGNATURE OF REGIONAL OFFICIAL: <b>/s/</b>	
21. TYPED NAME: <b>Ruth A. Hughes</b>		22. TITLE: <b>Associate Regional Administrator</b>	
23. REMARKS:			

**Instructions on Back**

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

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2. Substance use disorder (SUD) services

Substance use disorder (SUD) services include the American Society of Addiction Medicine (ASAM) levels of care for Outpatient and Residential SUD services. All SUD services are provided to all Medicaid beneficiaries with one or more diagnosed SUD(s). Services are subject to prior authorization, must be medically necessary and must be recommended by a licensed practitioner or physician, who is acting within the scope of his or her professional license and applicable state law. Licensed practitioners are licensed by an Ohio professional board and include a medical doctor or doctor of osteopathic medicine; physician assistant; clinical nurse specialist or nurse practitioner who has demonstrated experience and training in treating SUDs; independent social worker; social worker; professional clinical counselor; professional counselor; independent marriage and family therapist; licensed marriage and family therapist; independent chemical dependency counselor; chemical dependency counselor; psychologist 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).

All rehabilitative services are provided to, or directed exclusively toward the treatment of, the Medicaid eligible individual. 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;
- 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.

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

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minimum, annual re-evaluations of the treatment plan must occur. A new treatment plan must be developed if there is no measureable reduction of disability or restoration of functional level.

Ohio Medicaid will not reimburse for 12-step programs.

SUD components for both outpatient and residential ASAM services are designed to help beneficiaries achieve and maintain recovery from SUDs. Services for both ASAM outpatient and residential are described below:

**1. Outpatient SUD services**

Outpatient SUD services include ASAM levels of care consisting of the delivery of the individual-centered components consistent with the beneficiary’s assessed treatment needs with a rehabilitation and recovery focus designed to promote skills for coping with and managing symptoms and behaviors associated with SUDs. Outpatient SUD services include medically necessary care according to assessed needs as described in the beneficiary’s individualized treatment plan.

- **Outpatient.** Outpatient services are provided in a non-residential, non-hospital treatment setting. Outpatient services may be indicated as an initial modality of care for a beneficiary whose severity of illness warrants this level of treatment, or when a beneficiary’s progress warrants a less intensive modality of service than they are currently receiving. The intensity of the services will be driven by medical necessity.
- **Intensive Outpatient and Partial Hospitalization.** IOP and PH are provided in a non-residential, non-hospital treatment setting. All initial intensive outpatient and partial hospitalization services require prior authorization to establish medical necessity. The intensity of the services will be driven by medical necessity.
- **Opioid Treatment Services: Opioid Treatment Programs (OTPs) and Ambulatory Withdrawal Management with Extended On-site Management.** Both levels are in a non-hospital, non-residential treatment setting. These services are designed to achieve safe withdrawal from mood-altering chemicals and to effectively facilitate the individual’s entry into ongoing treatment and recovery.

The ASAM outpatient levels of care described above include the outpatient components, as found below in paragraphs A-D, that are delivered on an individual or group basis in a

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wide variety of settings including provider offices or in the community, including a beneficiary's place of residence.

- (A) A comprehensive assessment using a SUD-specific multidimensional assessment specified by the State reflecting evidence-based clinical treatment guidelines. This includes gathering biopsychosocial information medically necessary as outlined by the SUD-specific multi-dimensional assessment tool.

An SUD assessment also includes the development of a treatment plan based on the comprehensive assessment and the referral to any necessary SUD or mental health services including discharge planning. The treatment plan and referral does not include coordination of non-Medicaid services.

- (B) Skill restoration is a medical or remedial intervention for the maximum reduction of the substance use disorder and the restoration of the beneficiary to his best possible functional level, based on the treatment plan goals and objectives including teaching the beneficiary specific skills for coping with and managing symptoms and behaviors associated with SUDs including nurse psychoeducation/medication education (Individuals receive information and support to understand their condition, medication, and potential side effects. The goal is to increase medication adherence and compliance with medication regimes and the detection of adverse effects.) and withdrawal management (medical and psychological care of patients who are experiencing withdrawal symptoms as a result of ceasing or reducing use of their drug of dependence) by any practitioner type.
- (C) Counseling to address a beneficiary's major lifestyle, attitudinal, and behavioral problems that have the potential to undermine the achievement of treatment goals. This includes counseling by any practitioner type.
- (D) Administration of medications for medication assisted treatment (MAT) when medically necessary. (Note: Medications used for MAT and under the Master Rebate agreement are covered under the pharmacy benefit of the State Plan and will be reimbursed as a separate single line item.) MAT should only be utilized when a beneficiary has an established SUD (e.g., opiate or alcohol dependence condition) that is clinically appropriate for MAT. Counseling and skill restoration are covered in paragraphs (B) and (C) above or elsewhere in the State Plan.

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**2. Residential services**

Residential services include ASAM levels of care consisting of individual-centered residential services consistent with the beneficiary’s assessed treatment needs, with a rehabilitation and recovery focus designed to promote skills for coping with and managing SUD symptoms and behaviors associated with an SUD diagnosis. These services are designed to help beneficiaries achieve changes in their SUD behaviors. Services should address the beneficiary’s major lifestyle, attitudinal, and behavioral problems that have the potential to undermine the goals of treatment. Residential SUD services include medically necessary care according to assessed needs.

Residential SUD services are delivered on an individual or group basis in a wide variety of non-hospital settings. Residential SUD services are provided to help beneficiaries achieve changes in their SUD behaviors. The service setting will be determined by the goal which is identified to be achieved in the beneficiary’s treatment plan. Residential SUD services provided to individuals residing in institutions for mental diseases as described in 42 CFR 435.1010 are not covered.

SUD residential services are provided consistent with the ASAM criteria and requires prior approval and reviews on an ongoing basis as determined necessary by the State or its designee to document compliance with the placement standards. ASAM criteria are used to determine level of care appropriateness and intensity of treatment components.

- **Clinically Managed Low-Intensity Residential Treatment.** Skill restoration is directed toward applying recovery skills, preventing relapse, improving emotional functioning, promoting personal responsibility, and reintegrating the individual into the worlds of work, education, and family life. Residential SUD programs are not recovery residences, sober houses, boarding houses, or group homes where skill restoration and counseling services are not provided on site to the residents as a condition of residence.
- **Clinically Managed Residential Withdrawal Management.** It is provided in an organized, residential, non-medical setting delivered by an appropriately trained staff that provides safe, 24-hour medication monitoring observation and support in a supervised environment for a person served to achieve initial recovery from the effects of alcohol and/or other drugs. Withdrawal management is appropriate for individuals who are able to participate in the daily residential activities and is often used as a less intensive, non-medical alternative to inpatient withdrawal management.

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- **Clinically Managed Population-Specific High Intensity Residential Treatment.** The level of impairment is so great that outpatient motivational and/or relapse prevention strategies are not feasible or effective. Similarly, the patient’s cognitive limitations make it unlikely that he or she could benefit from other levels of residential care.
- **Clinically Managed Medium Intensity (adolescents) and High Intensity (adults) Residential Treatment.** Treatment goals are to stabilize a person who is in imminent danger if not in a 24-hour treatment setting. It is also to promote abstinence from substance use and antisocial behavior and to effect a global change in participants’ lifestyles, attitudes, and values. Individuals typically have multiple deficits, which include SUDs and may include criminal activity, psychological problems, impaired functioning, and disaffiliation from mainstream values.
- **Medically Monitored Intensive Inpatient Treatment/Services.** Participants in this level of care possess a high risk of withdrawal symptoms, moderate co-occurring psychiatric and/or medical problems that are of sufficient severity to require a 24-hour treatment LOC. Whereas individuals whose most severe problems are in readiness to change, relapse potential, and living environment are best served in clinically managed residential programs or PHP with supportive housing. This level of service also provides a planned regimen of 24-hour professionally directed evaluation, observation, and medical monitoring of SUD treatment in an inpatient setting. They feature permanent facilities, including inpatient beds, and function under a defined set of policies, procedures, and clinical protocols. Appropriate for patients whose sub-acute biomedical and emotional, behavior, or cognitive problems are so severe that they require enhanced residential treatment, but who do not need the full resources of an acute care general hospital.
- **Medically Monitored Inpatient Withdrawal Management.** Medically monitored inpatient withdrawal management within an SUD residential program is an organized service delivered by medical and nursing professionals under a defined set of physician-approved policies and physician-monitored procedures or clinical protocols. This level provides care to patients whose withdrawal signs and symptoms are sufficiently severe to require 24-hour inpatient care in a non-hospital residential setting.

The ASAM residential levels of care described above include the residential components as found below in paragraphs A-D:

TN: 17-013  
Supersedes  
TN: 12-007

Approval Date: 2/22/18  
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(A) A comprehensive assessment using a SUD-specific multidimensional assessment specified by the State reflecting evidence-based clinical treatment guidelines. This includes gathering results of drug screens and biopsychosocial information medically necessary as outlined by the SUD-specific multi-dimensional assessment tool.

An SUD assessment also includes the development of a treatment plan based on the comprehensive assessment and the referral to any necessary SUD or mental health services including discharge planning. The treatment plan and referral does not include coordination of non-Medicaid services.

(B) Skill restoration is a medical or remedial intervention for the maximum reduction of the substance use disorder and the restoration of the beneficiary to his best possible functional level, based on the treatment plan goals and objectives including teaching the beneficiary specific skills for coping with and managing symptoms and behaviors associated with SUDs including nurse psychoeducation/medication education (Individuals receive information and support to understand their condition, medication, and potential side effects. The goal is to increase medication adherence and compliance with medication regimes and the detection of adverse effects.) and withdrawal management (medical and psychological care of patients who are experiencing withdrawal symptoms as a result of ceasing or reducing use of their drug of dependence) by any practitioner type.

(C) Counseling to address a beneficiary's major lifestyle, attitudinal, and behavioral problems that have the potential to undermine the achievement of treatment goals. This includes counseling by any practitioner type.

(D) Administration of medications for medication assisted treatment (MAT) when medically necessary. (Note: Medications used for MAT and under the Master Rebate agreement are covered under the pharmacy benefit of the State Plan and will be reimbursed as a separate single line item). MAT should only be utilized when a beneficiary has an established SUD (e.g., opiate or alcohol dependence condition) that is clinically appropriate for MAT. Counseling and skill restoration are covered in paragraphs (B) and (C) above.

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**Summary of Clinical Provider Qualifications applicable to SUD outpatient and residential services**

**Provider Agency Qualifications:**

Any unlicensed practitioner providing behavioral health services must operate within an agency licensed, certified or designated by ODM or its designee qualified to provide the supervision required of an unlicensed practitioner for that service. Any entity providing SUD 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.

**Provider qualifications:**

Services are provided by licensed and other professional staff, who are at least eighteen (18) years of age with a high school or equivalent diploma, according to their areas of competence as determined by degree, required levels of experience as defined by state law and regulations and departmentally approved guidelines and certifications. All providers of SUD services are trained in ASAM criteria and service components. All outpatient and residential SUD agencies are certified under state law.

All providers may provide any component (assessment, skill restoration, counseling and administration of medications for Medication Assisted Treatment (MAT)) of the outpatient or residential SUD services consistent with State law and professional practice statutes and rules with the following exceptions:

- Peer recovery supporters may only provide skill restoration and counseling services in outpatient and residential settings, and
- Agencies that provide MAT must comply with federal and state laws regarding controlled substance prescriber availability. All facilities utilizing buprenorphine based medications must have a physician, physician’s assistant; clinical nurse specialist or certified nurse practitioner who is an Ohio authorized prescriber, and who has a Drug Addiction Treatment Act (DATA) waiver to prescribe and dispense or is certified by the Substance Abuse and Mental Health Services Administration (SAMHSA) as an opioid treatment program (OTP).
- Activities requiring a nurse may only be performed by a registered nurse or a licensed practical nurse within their current scope of practice under a physician, physician assistant, clinical nurse specialist, or certified nurse practitioner order.

Unlicensed practitioners who are SUD Peer Recovery Supporters shall:

- Be at least 18 years old;
- Have a high school diploma or equivalent;

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- Be registered in the State of Ohio to provide peer services;
- Self-identify as having lived experience of an SUD;
- Have taken the state-approved standardized peer recovery supporter training that includes academic information as well as practical knowledge and creative activities focused on the principles and concepts of peer support and how it differs from clinical support. The training provides practical tools for promoting wellness and recovery, knowledge about individual rights advocacy, confidentiality and boundaries as well as approaches to care that incorporate creativity.
- Have achieved a score of at least 70 on the OhioMHAS peer recovery supporter exam;
- Be supervised by a competent behavioral health professional, who is knowledgeable about SUD peer service delivery including: a senior SUD peer recovery supporter or a qualified supervisor.

Unlicensed practitioners must be supervised by a qualified supervisor who is knowledgeable about SUD peer service delivery:

- Medical doctor or doctor of osteopathic medicine;
- Physician’s assistant;
- Clinical nurse specialist;
- Certified nurse practitioner;
- Psychologist;
- Board-licensed school psychologist;
- Licensed independent social worker;
- Licensed professional clinical counselor;
- Licensed independent marriage and family therapist;
- Registered Nurse;
- Licensed Practical Nurse;
- Licensed independent chemical dependency counselor,
- Licensed chemical dependency counselor;
- Licensed professional counselor;
- Licensed social worker,
- Marriage and family therapist , or
- One of the following trainees or assistants registered with and meeting the qualifications of the Ohio board of chemical dependency professionals, Ohio board of psychology or Ohio board of counselors, social workers and marriage and family therapists:
  - o Chemical dependency counselor assistant,
  - o Psychology assistant/intern/trainee,

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- Counselor trainee;
- Marriage and family therapist trainee;
- Social work trainee; or
- Social work assistant.

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2. Substance use disorder (SUD) services.

Outpatient and Residential Substance Use Disorder services as outlined in Attachment 3.1-A are paid based upon a Medicaid fee schedule established by the single state agency. Payment for rehabilitative services as described in Attachment 3.1-A shall be the lesser of the billed charge or an amount based on the Medicaid maximum for the service. 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.

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 are 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.

Direct outpatient services by licensed practitioners are paid according to the fee schedule established under the physician, nurse practitioner and non-physician licensed behavioral health practitioner sections of the state plan in Attachment 4.19-B, Items 5, 6 and 23.

Where Medicare fees do not exist for a covered procedure code, fee development methodology for rates will use each component of provider costs as outlined below.

TN: 17-013

Supersedes:

TN: 14-010

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The fee development methodology is composed of provider cost modeling, although Ohio provider compensation studies, cost data, and fees from similar State Medicaid programs may be considered, as well. The following list outlines the major components of the cost model to be used in fee development:

- Staffing assumptions and staff wages;
- 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; and
- Program billable units.

The fee schedule rates will be developed as the ratio of total annual modeled provider costs to the estimated annual billable units.

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

The fee schedule rates for substance use disorder services 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 single state agency's website at <http://medicaid.ohio.gov/providers/FeeScheduleandRates.aspx>. 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.

TN: 17-013  
Supersedes:  
TN: 13-019

Approval Date: 2/22/18

Effective Date: 01/01/2018