

## **Table of Contents**

**State/Territory Name: Ohio**

**State Plan Amendment (SPA) #: 17-037**

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



<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>	1. TRANSMITTAL NUMBER: <b>17-037</b>	2. STATE <b>OHIO</b>
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: <b>CENTERS FOR MEDICARE AND MEDICAID SERVICES</b>	4. PROPOSED EFFECTIVE DATE <b>07/01/17</b>	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES 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: 1905(a)(6) of the Social Security Act 42 CFR 440.60	7. FEDERAL BUDGET IMPACT: a. FFY 17 \$ 0 b. FFY 18 \$ 0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Attachment 3.1-A, Item 6-d-2, page 2 of 2 Attachment 4.19-B, Item 6-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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  Attachment 3.1-A, Item 6-d-2, page 2 of 2 (TN 17-006) Attachment 4.19-B, Item 6-d-(2), pages 1 and 2 of 2 (TN 17-006)

10. SUBJECT OF AMENDMENT: Coverage and Limitations and Payment for Services: Other Licensed Practitioners: Non-Physician Licensed Behavioral Health Practitioners: Restoring language to account for delay in implementation of Behavioral Health Redesign.

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:  Carolyn Humphrey Ohio Department of Medicaid P.O. BOX 182709 Columbus, Ohio 43218
13. TYPED NAME: <b>BARBARA R. SEARS</b>	
14. TITLE: <b>STATE MEDICAID DIRECTOR</b>	
15. DATE SUBMITTED: <b>September 27, 2017</b>	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: <b>September 27, 2017</b>	18. DATE APPROVED: <b>October 17, 2017</b>
<b>PLAN APPROVED - ONE COPY ATTACHED</b>	
19. EFFECTIVE DATE OF APPROVED MATERIAL: <b>July 1, 2017</b>	20. SIGNATURE OF REGIONAL OFFICIAL: /s/
21. TYPED NAME: <b>Ruth A. Hughes</b>	22. TITLE: <b>Associate Regional Administrator</b>
23. REMARKS:	

**Instructions on Back**

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 – 42 CFR 440.60

#### 2. Non-Physician Licensed Behavioral Health Practitioners

Any NP-LBHP providing behavioral health services who is not licensed to practice independently (i.e., not a licensed psychologist, board-licensed school psychologist, LPCC, LISW, LIMFT, or LICDC) must operate within a provider agency licensed, certified or designated by ODM or its designee in settings permissible by that designation.

##### Limitations:

1. Psychological testing is limited to a maximum of eight hours per twelve-month period per recipient in a non-hospital setting.
2. Neuropsychological testing is limited to a maximum of eight hours per twelve-month period per recipient in a non-hospital setting.
3. Therapeutic visits in excess of a combined 24 dates of service per recipient in a 12-month period in a non-hospital setting are not covered.
4. Diagnostic interview examinations will be limited to one code per recipient per 12-month period and may not be billed on the same date of services as a therapeutic visit.

Additional services beyond the established limits may be allowed when medically necessary and approved through the prior authorization process.

Beneficiaries younger than age twenty-one can access non-physician licensed behavioral health practitioners' services without limitation when such services are medically necessary.

NP-LBHP services by any independent practitioner as incident to other provider services (e.g., physician offices, FQHCs) are allowed except as follows: If the individual is enrolled in a Medicaid managed care plan (MCP) and the MCP elects to continue to cover adult independent NP-LBHP services, or, if the individual is covered under Medicare, Medicaid will continue to pay Medicare cost sharing for independent NP-LBHP services covered by Medicare.

TN: 17-037

Supersedes:

TN: 17-006

Approval Date: 10/17/17

Effective Date: 07/01/2017

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.

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

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

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 assistants 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;

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

- Registered counselor trainees;
- Registered chemical dependency counselor assistants and trainees;
- Registered social work trainees; and
- Registered marriage and family therapist trainees.

The State will pay 100% of the Medicaid maximum fee for psychological testing regardless of the eligible mental health professional providing the service.

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

TN: 17-037

Supersedes:

TN: 17-006

Approval Date: 10/17/17

Effective Date: 07/01/2017