

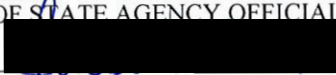
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State/Territory Name: Ohio

State Plan Amendment (SPA) #: 17-044

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

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 17-044	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, 2018	
5. TYPE OF PLAN MATERIAL (<i>Check One</i>):		
<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 (<i>Separate Transmittal for each amendment</i>)		
6. FEDERAL STATUTE/REGULATION CITATION: 1905(a)(6) of the Social Security Act 42 CFR 440.60	7. FEDERAL BUDGET IMPACT: a. FFY 18 \$ 2,667 thousands b. FFY 19 \$ 3,676 thousands	
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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Attachment 3.1-A, Item 6-d-2, page 2 of 2 (TN 17-037) Attachment 4.19-B, Item 6-d-(2), page 1 and 2 of 2 (TN 17-037)	
10. SUBJECT OF AMENDMENT: Coverage and Limitations and Payment for Services: Other Licensed Practitioners: Non-Physician Licensed Behavioral Health Practitioners: Adding Evidence-Based Practices and New Service, and Reducing Limitations		
11. GOVERNOR'S REVIEW (<i>Check One</i>):		
<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:	
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: December 19, 2017		
FOR REGIONAL OFFICE USE ONLY		
17. DATE RECEIVED: December 19, 2017	18. DATE APPROVED: January 19, 2018	
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

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 twelve 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. 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.
4. Structured screening and brief intervention limited to one code per recipient per 12-month period.

Additional services beyond the established limits may be allowed when medically necessary and approved through the prior authorization process. Evidence-based practices (EBPs) require approval, designations, and fidelity reviews on an on-going basis as determined by ODM.

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: 17-044

Supersedes:

TN: 17-037

Approval Date: 1/19/18

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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 January 1, 2018 and is effective for services provided on or after that date. The reimbursement rates for non-physician licensed behavioral health practitioner services rendered in a community behavioral health center certified by ODM or its designee shall be a flat fee for each covered service as specified on the established Medicaid fee schedule.

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

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

- 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 practitioners requiring general supervision at 85% of the rate of their supervising practitioner:

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

If a Medicare fee exists for a defined covered procedure code, the State will pay the following practitioners under direct supervision at the rate of their supervising practitioner:

- Registered counselor trainees;
- Registered chemical dependency counselor assistants and trainees;
- Registered social work trainees;
- Registered marriage and family therapist trainees; and
- Board-registered psychology assistant who are under the supervision of a licensed psychologist.

The State will pay 100% of the Medicaid maximum fee for psychological testing and structured screening and brief intervention for substance use 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.

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