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State/Territory Name: Ohio

State Plan Amendment (SPA) #: 18-0018

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



October 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 18-018

Dear Ms. Sears:

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

Transmittal #18-018 - Coverage & Limitations: Physical Therapy and Related Services
 - Effective Date: October 1, 2018
 - Approval Date: October 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.

Sincerely,

/s/

Ruth A. Hughes
Associate Regional Administrator
Division of Medicaid and Children's Health Operations

Enclosure

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

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:
18-018

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
October 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:
42 CFR 440.110

7. FEDERAL BUDGET IMPACT:
a. FFY 2019 \$0 thousands
b. FFY 2020 \$0 thousands

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A, Item 11-a, Page 1 of 1
Attachment 3.1-A, Item 11-b, Page 1 of 1
Attachment 3.1-A, Item 11-c, Pages 1 and 2 of 2

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (*If Applicable*):

Attachment 3.1-A, Item 11-a, Page 1 of 1 (TN 13-013)
Attachment 3.1-A, Item 11-b, Page 1 of 1 (TN 13-013)
Attachment 3.1-A, Item 11-c, Pages 1 and 2 of 2 (TN 13-013)

10. SUBJECT OF AMENDMENT: Coverage and Limitations: Physical Therapy and related services

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:

[Redacted Signature]

13. TYPED NAME: **BARBARA R. SEARS**

14. TITLE: **STATE MEDICAID DIRECTOR**

15. DATE SUBMITTED: **September 11, 2018**

16. RETURN TO:

**Carolyn Humphrey
Ohio Department of Medicaid
P.O. BOX 182709
Columbus, Ohio 43218**

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:
September 11, 2018

18. DATE APPROVED:
October 22, 2018

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
October 1, 2018

20. SIGNATURE OF REGIONAL OFFICIAL: **/s/**

21. TYPED NAME:
Ruth A. Hughes

22. TITLE:
Associate Regional Administrator

23. REMARKS:

Instructions on Back

11. Physical Therapy and related services.

a. Physical therapy services

Physical therapy services are covered by Ohio Medicaid in accordance with 42 CFR § 440.110.

Beneficiaries younger than age 21 can access physical therapy services without limitation when such services are medically necessary.

Physical therapy services determined by the department as not medically necessary will not be covered.

Limitations:

Physical therapy services must be provided by a physical therapist, a physical therapist assistant, or a physical therapy student who is completing an internship, providing physical therapy services in accordance with Ohio law, who meets the provider qualifications outlined in 42 CFR 440.110.

Licensed physical therapist assistants must provide physical therapy only under the direct supervision of a physical therapist who will conduct face-to-face client evaluations initially and periodically (not less than annually) thereafter.

Physical therapy services must be for a reasonable amount, frequency, and duration. Physical therapy services must be provided in accordance with a documented treatment plan that is based on a documented clinical evaluation and assessment.

For rehabilitative services, reevaluation may not be made more frequently than 30 days and the maximum period without reevaluation is 60 days; for developmental services for children and habilitative services for adults, reevaluation may not be made more frequently than 30 days and the maximum period without reevaluation is six months.

Ohio Medicaid covers 30 physical therapy service visits in the non-institutional setting per benefit year without prior authorization. Additional visits may be provided in an amount beyond established limits with prior authorization, upon a demonstration of medical necessity.

11. Physical Therapy and related services, continued.

b. Occupational therapy services

Occupational therapy services are covered by Ohio Medicaid in accordance with 42 CFR § 440.110.

Beneficiaries younger than age 21 can access occupational therapy services without limitation when such services are medically necessary.

Occupational therapy services determined by the department as not medically necessary will not be covered.

Limitations:

Occupational therapy services must be provided by an occupational therapist, an occupational therapist assistant, or an occupational therapy student who is completing an internship, providing occupational therapy services in accordance with Ohio law, who meets the provider qualifications outlined in 42 CFR 440.110.

Licensed occupational therapy assistants must provide occupational therapy only under the direct supervision of an occupational therapist who will conduct face-to-face client evaluations initially and periodically (not less than annually) thereafter.

Occupational therapy services must be for a reasonable amount, frequency, and duration.

Occupational therapy services must be provided in accordance with a documented treatment plan that is based on a documented clinical evaluation and assessment.

For rehabilitative services, reevaluation may not be made more frequently than 30 days and the maximum period without reevaluation is 60 days; for developmental services for children and habilitative services for adults, reevaluation may not be made more frequently than 30 days and the maximum period without reevaluation is six months.

Ohio Medicaid covers 30 occupational therapy service visits in the non-institutional setting per benefit year without prior authorization. Additional visits may be provided in an amount beyond established limits with prior authorization, upon a demonstration of medical necessity.

11. Physical Therapy and related services, continued.

- c. Services for individuals with speech, hearing, and language disorders (provided by or under supervision of a speech pathologist or audiologist)

Services for individuals with speech, hearing, and language disorders (provided by or under supervision of a speech pathologist or audiologist) are covered by Ohio Medicaid in accordance with 42 CFR § 440.110.

Beneficiaries younger than age 21 can access services for individuals with speech, hearing, and language disorders (provided by or under supervision of a speech pathologist or audiologist) without limitation when such services are medically necessary.

Services for individuals with speech, hearing, and language disorders (provided by or under supervision of a speech pathologist or audiologist) determined by the department as not medically necessary will not be covered.

Services for individuals with speech, hearing, and language disorders (provided by or under supervision of a speech pathologist or audiologist) are speech-language pathology services and audiology services.

Limitations:

Speech-language pathology services:

Speech-language pathology services must be provided by a speech-language pathologist (SLP), a speech-language pathology aide (SLPA), a speech-language pathology (SLP) student who is completing an internship, or a person holding a conditional license to practice speech-language pathology, providing speech-language pathology services in accordance with Ohio law and 42 CFR 440.110.

An SLPA must provide SLP services under the direct supervision of a speech-language pathologist who conducts face-to-face client evaluations initially and periodically (not less than annually) thereafter.

SLP services must be for a reasonable amount, frequency, and duration. SLP services must be provided in accordance with a documented treatment plan that is based on a documented clinical evaluation and assessment.

For rehabilitative services, reevaluation may not be made more frequently than 30 days and the maximum period without reevaluation is 60 days; for developmental services for children and habilitative services for adults, reevaluation may not be made more frequently than 30 days and the maximum period without reevaluation is six months.

- c. Services for individuals with speech, hearing, and language disorders (provided by or under supervision of a speech pathologist or audiologist), continued.

Ohio Medicaid covers 30 service visits provided by or under supervision of a speech pathologist or audiologist per Medicaid beneficiary in non-institutional settings per benefit year without prior authorization. Additional visits may be provided in an amount beyond established limits with prior authorization, upon a demonstration of medical necessity.

Audiology services:

Audiology services must be provided by an audiologist, an audiology aide, an audiology student who is completing an internship, or a person holding a conditional license to practice audiology, providing audiology services in accordance with Ohio law, who meets the provider qualifications outlined in 42 CFR 440.110.

Audiology aides must provide audiology services under the direct supervision of an audiologist who will conduct face-to-face client evaluations initially and periodically (not less than annually) thereafter.

Audiology services must be for a reasonable amount, frequency, and duration. Audiology services must be provided in accordance with a documented treatment plan that is based on a documented clinical evaluation and assessment.

For rehabilitative services, reevaluation may not be made more frequently than 30 days and the maximum period without reevaluation is 60 days; for developmental services for children and habilitative services for adults, reevaluation may not be made more frequently than 30 days and the maximum period without reevaluation is six months.

Ohio Medicaid covers 30 service visits provided by or under supervision of a speech pathologist or audiologist per Medicaid beneficiary in non-institutional settings per benefit year without prior authorization. Additional visits may be provided in an amount beyond established limits with prior authorization, upon a demonstration of medical necessity.