

Table of Contents

State/Territory Name: Ohio

State Plan Amendment (SPA) #: 21-0010

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
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

November 17, 2021

Maureen M. Corcoran, Director
Ohio Department of Medicaid
P.O. Box 182709
50 West Town Street, Suite 400
Columbus, Ohio 43218

Re: Ohio State Plan Amendment (SPA) Transmittal Number (TN) 21-0010

Dear Ms. Corcoran:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 21-0010. This amendment proposes to add medication-assisted treatment (MAT) as a mandatory benefit in the Medicaid state plan. This letter is to inform you that Ohio's Medicaid SPA TN 21-0010 is approved effective October 1, 2020 until September 30, 2025, pursuant to 1905(a)(29) of the Social Security Act and Section 1006(b) of the SUPPORT Act.

Section 1006(b) of the SUPPORT for Patients and Communities Act (SUPPORT Act), signed into law on October 24, 2018, amended section 1902(a)(10)(A) of the Act to require state Medicaid plans to include coverage of MAT for all eligible to enroll in the state plan or waiver of state plan. Section 1006(b) also added a new paragraph 1905(a)(29) to the Act to include the new required benefit in the definition of "medical assistance" and to specify that the new required benefit will be in effect for the period beginning October 1, 2020, and ending September 30, 2025.

Section 1006(b) of the SUPPORT Act also added section 1905(ee)(1) to the Act to define MAT, for purposes of the new required coverage, as:

. . . all drugs approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355), including methadone, and all biological products licensed under section 351 of the Public Health Service Act (42 U.S.C. 262) to treat opioid use disorders; and[,] . . . with respect to the provision of such drugs and biological products, counseling services and behavioral therapy.

Pursuant to section 1135(b)(5) and/or 1135(b)(1)(C) of the Act, due to the COVID-19 public health emergency (PHE), CMS issued an approval letter on March 15, 2021 allowing Ohio to modify the SPA submission requirements at 42 C.F.R. 430.20, to allow the state to submit a SPA implementing section 1905(a)(29) of the Act by March 31, 2021 that would take effect on October 1, 2020.

CMS conducted our review of your submittal according to statutory requirements in Title XIX of the Act and implementing regulations.

If you have any questions, please contact Christine Davidson at (312) 886-3642 or via email at christine.davidson@cms.hhs.gov.

Sincerely,



James G. Scott, Director
Division of Program Operations

cc: Carolyn Humphrey, ODM
Rebecca Jackson, ODM
Gregory Niehoff, ODM
Brandon Smith, CMCS
Debi Benson, CMCS

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES	1. TRANSMITTAL NUMBER: 21-010 Revised	2. STATE OHIO
	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 1, 2020	
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: Sec. 1902(a)(29) of the Act; Sec. 1006(b) of the SUPPORT Act; 42 CFR 440.130	7. FEDERAL BUDGET IMPACT:	
	a. FFY 2021	\$ 0.00
	b. FFY 2022	\$ 0.00
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A, page 12 Attachment 3.1-A, Item 29, pages 1 through 5 of 5 (new) Attachment 4.19-B, Item 29, page 1 of 1 (new)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Attachment 3.1-A, page 12 (TN 17-015)	
10. SUBJECT OF AMENDMENT: Coverage and Limitations and Payment for Services: Medication-Assisted Treatment (MAT)		
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: <div style="background-color: black; width: 500px; height: 20px; margin: 0 auto;"></div>	16. RETURN TO:	
13. TYPED NAME: MAUREEN M. CORCORAN	Carolyn Humphrey	
14. TITLE: STATE MEDICAID DIRECTOR	Ohio Department of Medicaid	
15. DATE SUBMITTED: March 23, 2021	P.O. BOX 182709	
		Columbus, Ohio 43218
FOR REGIONAL OFFICE USE ONLY		
17. DATE RECEIVED: March 23, 2021	18. DATE APPROVED: November 17, 2021	
PLAN APPROVED – ONE COPY ATTACHED		
19. EFFECTIVE DATE OF APPROVED MATERIAL: October 1, 2020	20. SIGNATURE OF REGIONAL OFFICIAL: <div style="background-color: black; width: 500px; height: 20px; margin: 0 auto;"></div>	
21. TYPED NAME: James G. Scott	22. TITLE: Director, Division of Program Operations	
23. REMARKS:		

Instructions on Back

28. (i) Licensed or Otherwise State-Approved Freestanding Birth Centers.

Provided: No limitations With limitations None licensed or approved

Please describe any limitations: Coverage and limitations are described under Attachment 3.1-A, Item 28

(ii) Licensed or Otherwise State-Recognized covered professionals providing services in the Freestanding Birth Center.

Provided: No limitations With limitations (please describe below)

Not Applicable (there are no licensed or State approved Freestanding Birth Centers)

Please describe any limitations: Coverage and limitations are described under Attachment 3.1-A, Item 28

Please check all that apply:

(a) Practitioners furnishing mandatory services described in another benefit category and otherwise covered under the State plan (i.e., physicians and certified nurse midwives).

- physicians
- Certified nurse midwives
- Certified pediatric or family nurse practitioner services

(b) Other licensed practitioners furnishing prenatal, labor and delivery, or postpartum care in a freestanding birth center within the scope of practice under State law whose services are otherwise covered under 42 CFR 440.60 (e.g., lay midwives, certified professional midwives (CPMs), and any other type of licensed midwife).*

(c) Other health care professionals licensed or otherwise recognized by the State to provide these birth attendant services (e.g., doulas, lactation consultant, etc.).*

*For (b) and (c) above, please list and identify below each type of professional who will be providing birth center services:

29. Medication-Assisted Treatment

Provided: No limitations With limitations*

Not provided.

*Description provided on attachment.

TN: 21-010

Supersedes:

TN: 17-015

Approval Date: 11/17/2021

Effective Date: 10/01/2020

State of Ohio**1905(a)(29) Medication-Assisted Treatment (MAT)**

Citation: 3.1(a)(1) Amount, Duration, and Scope of Services: Categorically Needy
(Continued)

1905(a)(29) X MAT as described and limited in Attachment 3.1-A.

ATTACHMENT 3.1-A identifies the medical and remedial services provided to the categorically needy.

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Categorically Needy (continued)

i. General Assurance

MAT is covered under the Medicaid state plan for all Medicaid beneficiaries who meet the medical necessity criteria for receipt of the service for the period beginning October 1, 2020, and ending September 30, 2025.

ii. Assurances

- a. The state assures coverage of Naltrexone, Buprenorphine, and Methadone and all of the forms of these drugs for MAT that are approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) and all biological products licensed under section 351 of the Public Health Service Act (42 U.S.C. 262).
- b. The state assures that Methadone for MAT is provided by Opioid Treatment Programs that meet the requirements in 42 C.F.R. Part 8.
- c. The state assures coverage for all formulations of MAT drugs and biologicals for OUD that are approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) and all biological products licensed under section 351 of the Public Health Service Act (42 U.S.C. 262), unless otherwise prohibited by state law.

iii. Service Package

The state covers the following counseling services and behavioral health therapies as part of MAT.

- a) Please set forth each service and components of each service (if applicable), along with a description of each service and component service.

TN: 21-010

Supersedes:

TN: New

Approval Date: 11/17/2021

Effective Date: 10/01/2020

State of Ohio**1905(a)(29) Medication-Assisted Treatment (MAT)**

From October 1, 2020, through September 30, 2025, the state assures that MAT to treat OUD as defined at section 1905(ee)(1) of the Social Security Act (the Act) is covered exclusively under section 1905(a)(29) of the Act.

MAT includes the following components of services delivered on an individual or group basis in a wide variety of settings including provider offices or in the community, including a beneficiary's place of residence.

- 1) **Skill restoration.** Skill restoration is a medical or remedial intervention for the maximum reduction of the opioid use disorder and the restoration of the beneficiary's 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 OUDs 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.).
 - 2) **Counseling.** 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.
- b) Please include each practitioner and provider entity that furnishes each service and component service.

Providers described below may provide components of counseling services and behavioral health therapies as part of MAT (skill restoration and counseling) consistent with State law and professional practice statutes and rules, as follows:

- Licensed practitioners may provide counseling and skill restoration interventions consistent with their professional scope of practice.
 - Nurses may provide components of skill restoration and counseling consistent with nursing services, including nurse psychoeducation/medication education.
 - Peer recovery supporters may provide components of skill restoration consistent with peer recovery services, including teaching skills that promote recovery, self-determination, self-advocacy, well-being, and independence.
- c) Please include a brief summary of the qualifications for each practitioner or provider entity that the state requires. Include any licensure, certification, registration, education, experience, training and supervisory arrangements that the state requires.

TN: 21-010

Supersedes:

TN: NewApproval Date: 11/17/2021Effective Date: 10/01/2020

State of Ohio**1905(a)(29) Medication-Assisted Treatment (MAT)****Provider Agency Qualifications:**

Any entity providing OUD 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:

Licensed practitioners must be 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 OUDs; 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; registered nurse; and licensed practical nurse. Supervision must be provided consistent with licensure requirements.

Peer Recovery Supporters shall:

- Be at least 18 years old;
- Have a high school diploma or equivalent;
- Be registered in the State of Ohio to provide peer services;
- Self-identify as having lived experience of an OUD;
- 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 OUD peer service delivery including: a senior OUD peer recovery supporter or a qualified supervisor.

Peer recovery supporters must be supervised by a qualified supervisor who is knowledgeable about OUD peer service delivery:

- Medical doctor or doctor of osteopathic medicine;
- Physician's assistant;

TN: 21-010

Supersedes:

TN: NewApproval Date: 11/17/2021Effective Date: 10/01/2020

State of Ohio**1905(a)(29) Medication-Assisted Treatment (MAT)**

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

iv. Utilization Controls

The state has drug utilization controls in place. (Check each of the following that apply)

Generic first policy

Preferred drug lists

Clinical criteria

Quantity limits

The state does not have drug utilization controls in place.

TN: 21-010

Supersedes:

TN: New

Approval Date: 11/17/2021

Effective Date: 10/01/2020

State of Ohio**1905(a)(29) Medication-Assisted Treatment (MAT)**

v. Limitations

Describe the state's limitations on amount, duration, and scope of MAT drugs, biologicals, and counseling and behavioral therapies related to MAT.

The State maintains a Preferred Drug List that contains all clinical criteria for MAT pharmaceuticals.

Counseling and behavioral therapies related to MAT may be 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.

PRA Disclosure Statement - This information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section 1006(b) of the SUPPORT for Patients and Communities Act (P.L. 115-271) enacted on October 24, 2018. Section 1006(b) requires state Medicaid plans to provide coverage of Medication-Assisted Treatment (MAT) for all Medicaid enrollees as a mandatory Medicaid state plan benefit for the period beginning October 1, 2020, and ending September 30, 2025. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 # 60). Public burden for all of the collection of information requirements under this control number is estimated to take about 80 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

TN: 21-010

Supersedes:

TN: NewApproval Date: 11/17/2021Effective Date: 10/01/2020

1905(a)(29) Medication-Assisted Treatment (MAT)

The reimbursement for unbundled prescribed drugs and biologicals used to treat opioid use disorder will be reimbursed using the same methodology as described for prescribed drugs located in Attachment 4.19-B, Item 12-a, for drugs that are dispensed or administered.

Counseling services and behavioral health therapies covered as part of medication assisted treatment (MAT) to treat opioid use disorders will be reimbursed using the same methodology as described in Attachment 4.19-B, Item 13-d-(2).