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State/Territory Name: Ohio

State Plan Amendment (SPA) #: 22-0031

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Summary Page
- 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, 2022

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 22-0031

Dear Ms. Corcoran:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number 22-0031. This amendment proposes to establish coverage and payment for mobile response and stabilization services and updates the payment rates for child and adolescent needs and strengths as part of the OhioRISE program.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations. This letter is to inform you that Ohio Medicaid SPA 22-0031 was approved on November 16, 2022, with an effective date of July 1, 2022.

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

Enclosure

cc: Rebecca Jackson, ODM
Gregory Niehoff, ODM
Tiffany Williams, ODM
Deborah Benson, CMCS
Brandon Smith, CMCS

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 2 — 0 3 1 —

2. STATE

OH

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT

XIX XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

July 1, 2022

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR 440.40, 441 Subpart B, and 447 Subpart B

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2022 \$ 80,850
b. FFY 2023 \$ 323,400

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1-A, Item 4-b, pages 3, 4 (new)
Attachment 4.19-B Item 2-a page 1-7
Attachment 4.19-B, Item 4-b, page 1
Attachment 4.19-B Item 5-a page 2
Attachment 4.19-B, Item 6-d-(2), page 1
Attachment 4.19-B, Item 13-d-(1), page 1
Attachment 4.19-B, Item 13-d-(2), page 2

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Attachment 4.19-B Item 2-a page 1-7 (TN 17-032)
Attachment 4.19-B, Item 4-b, page 1 (TN 22-008)
Attachment 4.19-B Item 5-a page 2 (TN 22-003)
Attachment 4.19-B, Item 6-d-(2), page 1 (TN 19-004)
Attachment 4.19-B, Item 13-d-(1), page 1 (TN 19-021)
Attachment 4.19-B, Item 13-d-(2), page 2 (TN 19-021)

9. SUBJECT OF AMENDMENT

Coverage & Limitations and Payment for Services: Mobile Response and Stabilization Service (MRSS), Child and Adolescent Ne

10. 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

11. SIGNATURE OF STATE AGENCY OFFICIAL

[Redacted Signature]

12. TYPED NAME MAUREEN M. CORCORAN

13. TITLE STATE MEDICAID DIRECTOR

14. DATE SUBMITTED
September 30, 2022

15. RETURN TO

Greg Niehoff
Ohio Department of Medicaid
P.O. BOX 182709
Columbus, Ohio 43218

FOR CMS USE ONLY

16. DATE RECEIVED
September 30, 2022

17. DATE APPROVED
11/16/2022

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
July 1, 2022

19. SIGNATURE OF APPROVING OFFICIAL
[Redacted Signature]

20. TYPED NAME OF APPROVING OFFICIAL
James G. Scott

21. TITLE OF APPROVING OFFICIAL
Director, Division of Program Operations

22. REMARKS

- 4-b. Early and periodic screening and diagnosis of individuals under 21 years of age, and treatment of conditions found.

Mobile Response and Stabilization Service

Service Description: Mobile Response and Stabilization Service (MRSS) is a structured intervention and support service provided by a mobile response and stabilization team that is designed to promptly address a crisis situation with young people who are experiencing emotional symptoms, behaviors, or traumatic circumstances that have compromised or impacted their ability to function within their family, living situation, school, or community. MRSS is provided on a mobile basis where the youth is experiencing the crisis or where the family request services, and provides immediate de-escalation, rapid community-based assessment, and stabilization to help the young person remain in their home and community. MRSS is provided in accordance with the Rehabilitative Services benefit described in Item 13-d of this Attachment.

Service Components:

- a. Mobile Response** – The mobile response team is mobilized to arrive at the location specified by the young person or their family within the designated response time, as determined at the end of the triage assessment. The mobile response team will provide de-escalation services for up to 72 hours, until the young person and family are stable. Mobile response de-escalation service components include:
- Urgent assessment including administration of a standardized assessment tool;
 - Development of an initial safety plan;
 - Crisis intervention and de-escalation;
 - Initiation of psychiatric consultation, when indicated;
 - Consultation with the young person or family to define goals for preventing future crisis and the need for ongoing stabilization; and
 - Initiation of an individualized MRSS plan.
- b. Stabilization** – Stabilization services are provided as documented in the individualized MRSS plan, and immediately follow the initial 72 hour period of mobile response. Stabilization services provide continued monitoring, coordination, and implementation of the individualized MRSS plan. Stabilization services may require prior authorization. Service components may include:
- Psychoeducation;
 - Referral for psychiatric consultation and medication management if needed;
 - Advocacy and networking by the provider to establish linkages and referrals to appropriate community-based services and supports;
 - Coordination of services;
 - Linkage to supports and services;
 - Convening or participating in planning meetings with the young person, family, and cross system partners for the purpose of developing and coordinating linkages to ongoing services and supports; and
 - Service transition.

Provider Qualifications:

MRSS is provided by an agency certified by the Ohio Department of Mental Health and Addiction Services (OhioMHAS). MRSS is provided by a team of practitioners operating within an agency that consists of at least:

- A clinician who holds a certification or license issued by any of the State of Ohio professional boards that includes a scope of practice for behavioral health conditions; and
- One of the following:
 - A family or youth peer recovery supporter certified by OhioMHAS who demonstrates competency working individuals under the age of twenty-one with mental health or substance use disorders; or
 - A qualified behavioral health specialist who holds a valid high school diploma or equivalent and has received training for or education in either mental health or substance use disorder competencies and who has demonstrated competencies in basic mental health or substance use disorder and recovery skills for working with individuals under the age of twenty-one.

A certified peer recovery supporter or qualified behavioral health specialist providing MRSS services must be supervised by a licensed individual qualified to supervise the provision of MRSS within their scope of practice.

Services are recommended by a physician or other licensed practitioner of the healing arts, within the scope of his practice under State law.

(c) Behavioral health services rendered in an outpatient hospital setting will be paid in accordance with the outpatient hospital behavioral health fee schedule as published on the department's website at <https://medicaid.ohio.gov/resources-for-providers/billing/fee-schedule-and-rates/fee-schedule-and-rates>.

Except as otherwise noted in the Plan, the State-developed fee schedule is the same for both governmental and private providers.

TN: 22-031
Supersedes:
TN: 17-032

Approval Date: 11/16/2022
Effective Date: 07/01/2022

4-b. Early and Periodic Screening Diagnosis of Individuals Under 21 Years of Age and Treatment of Conditions Found

Payment is made according to the provider type rendering service as described elsewhere in this attachment except for Intensive Home-Based Treatment (IHBT) and Mobile Response Stabilization Service (MRSS).

Payment for IHBT

Payment for IHBT, as described in Attachment 3.1-A Item 4-b, shall be the lesser of the billed charges or Medicaid maximum for the services.

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.

The agency's fee schedule for IHBT was set as of March 1, 2022 and is effective for services provided on or after that date. All rates and unit of service definitions are published on the agency's website at <https://medicaid.ohio.gov/wps/portal/gov/medicaid/resources-for-providers/billing/fee-schedule-and-rates/fee-schedule-and-rates>.

Payment for MRSS

Payment for MRSS, as described in Attachment 3.1-A Item 4-b, shall be the lesser of the billed charges or Medicaid maximum for the services.

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.

The agency's fee schedule for MRSS was set as of July 1, 2022 and is effective for services provided on or after that date. All rates and unit of service definitions are published on the agency's website at <https://medicaid.ohio.gov/wps/portal/gov/medicaid/resources-for-providers/billing/fee-schedule-and-rates/fee-schedule-and-rates>.

Except as otherwise noted in the Plan, the State-developed fee schedule is the same for both governmental and private providers.

5. a. Physicians' services whether furnished in the office, the patient's home, a hospital, a skilled nursing facility or elsewhere.

Each new anesthesia code will be located on the agency's CPT and HCPCS Level II Procedure Code Changes payment schedule at <https://medicaid.ohio.gov/wps/portal/gov/medicaid/resources-for-providers/billing/fee-schedule-and-rates/fee-schedule-and-rates> until it is moved to the MSRIAP fee schedule.

The agency adopts new anesthesia codes in accordance with the anesthesia base unit values assigned by the American Society of Anesthesiologists in its "Relative Value Guide". The anesthesia base unit value files are located at <https://www.cms.gov/files/zip/2022-anesthesia-base-units-cpt-code.zip>.

Additional codes for certain services provided by Anesthesiologists (i.e., trigger-point injections) are located on the State's MSRIAP fee schedule.

Optometrists' services

Optometrists' services are subject to a co-payment, explained in Attachment 4.18-A of the plan.

The agency's rates for dispensing of ophthalmic materials such as contact lenses, low vision aids, etc. are on the eye care services fee schedule published on the agency's website at <https://medicaid.ohio.gov/wps/portal/gov/medicaid/resources-for-providers/billing/fee-schedule-and-rates/fee-schedule-and-rates>. These rates were set as of January 1, 2021, and are effective for services provided on or after that date.

The agency's physicians' rates found on the MSRIAP fee schedule were set as of January 1, 2022, and are effective for services provided on or after that date.

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

Services Provided in a Community Behavioral Health Agency

Payment rates for evaluation and management services rendered by physicians operating in a community behavioral health agency certified or licensed by the single state agency or its designee will be a flat fee for each covered service as specified on the established Medicaid fee schedule. These rates are based on a percentage of the Ohio Medicare Region 00 rates allowable for a specified year. Effective for dates of service on or after January 1, 2018, the payment for behavioral health evaluation and management services rendered by physicians operating in a community behavioral health agency will be 117.65% of the 2016 Ohio Medicare Region 00 rates. For new behavioral health evaluation and management procedure codes that take effect on or after January 1, 2022, the payment will be 117.65% of the Ohio Medicare Region 00 rates as of the date the procedure codes take effect.

Rates for physicians' services are listed on the agency's MSRIAP fee schedule published on the agency's website at <https://medicaid.ohio.gov/wps/portal/gov/medicaid/resources-for-providers/billing/fee-schedule-and-rates/fee-schedule-and-rates>.

Each new Physicians' code will be located on the agency's CPT and HCPCS Level II Procedure Code Changes payment schedule at <https://medicaid.ohio.gov/wps/portal/gov/medicaid/resources-for-providers/billing/fee-schedule-and-rates/fee-schedule-and-rates> until it is moved to the MSRIAP fee schedule.

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, 2022 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 <https://medicaid.ohio.gov/resources-for-providers/billing/fee-schedule-and-rates/fee-schedule-and-rates>.

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;

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

d. Rehabilitative services

1. Mental Health Rehabilitative services.

Payment for mental health rehabilitative services as described in Attachment 3.1-A, Item 13-d-1 shall be the lesser of the billed charge or an amount based on the Medicaid maximum for the service.

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.

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

The agency's mental health rehabilitative services fee schedule rates were set as of July 1, 2022 and are effective for services provided on or after that date.

All rates and unit of service definitions are published on the agency's website at <https://medicaid.ohio.gov/resources-for-providers/billing/fee-schedule-and-rates/fee-schedule-and-rates>.

The fee development methodology will build fees considering each component of provider costs as outlined below. 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 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. 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.

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

d. Rehabilitative services

2. Substance use disorder (SUD) services

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 July 1, 2022 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 <https://medicaid.ohio.gov/resources-for-providers/billing/fee-schedule-and-rates/fee-schedule-and-rates>. 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.