

## **Table of Contents**

**State/Territory Name: Ohio**

**State Plan Amendment (SPA) #: 22-0032**

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 23, 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 22-0032

Dear Ms. Corcoran:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number 22-0032. This amendment proposes to establish coverage and payment provisions for targeted case management for a new target group consisting of children and youth with complex behavioral needs 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 22-0032 was approved on November 23, 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](mailto:christine.davidson@cms.hhs.gov).

Sincerely,

A solid black rectangular box redacting the signature of the sender.

Nicole McKnight, Acting Director  
Division of Program Operations

Enclosure

cc: Rebecca Jackson, ODM  
Gregory Niehoff, ODM  
Tiffany Williams, ODM  
Deborah Benson, CMCS  
Marlana Thieler, CMCS

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

1. TRANSMITTAL NUMBER

2 2 — 0 3 2

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 441.18

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2022 \$ 0  
b. FFY 2023 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Atch 3.1-A Supplement 1, Target Group G, pages 1-7 of 7 (new)  
Atch 4.19-B, Item 19-a, Target Group G, page 1 of 1 (new)

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

9. SUBJECT OF AMENDMENT

Targeted Case Management (TCM) for Intensive Care Coordination (ICC)/Moderate Care Coordination (MCC)

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

11/23/2022

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

Nicole McKnight

21. TITLE OF APPROVING OFFICIAL

Acting Director, Division on Program Operations

22. REMARKS

State Plan under Title XIX of the Social Security Act  
State/Territory: Ohio

TARGETED CASE MANAGEMENT SERVICES

Eligible children with behavioral health needs receiving targeted case management

Target Group (42 Code of Federal Regulations 441.18(a)(8)(i) and 441.18(a)(9)):

The target group is Medicaid eligible and enrolled youth under the age of 21 with moderate or intensive behavioral health challenges that require an action or immediate intensive action to ensure that the identified behavioral health needs, risk behaviors, life functioning are addressed; and that demonstrate at risk behaviors or other psychosocial factors which place the youth at high likelihood for out of home treatment or psychiatric hospitalization. The target group will be identified using the Ohio Children's Initiative Brief or Comprehensive Child and Adolescent Needs and Strengths (CANS) assessment.

- Target group includes individuals transitioning to a community setting. Case management services will be made available for up to 180 consecutive days of a covered stay in a medical institution. The target group does not include individuals between ages 22 and 64 who are served in Institutions for Mental Disease or individuals who are inmates of public institutions. (State Medicaid Directors Letter (SMDL), July 25, 2000)

Areas of State in which services will be provided (§1915(g)(1) of the Act):

- Entire State  
 Only in the following geographic areas: *[Specify areas]*

Comparability of Services (§§1902(a)(10)(B) and 1915(g)(1))

- Services are provided in accordance with §1902 (a)(10)(B) of the Act.  
 Services are not comparable in amount, duration, and scope (§1915(g)(1)).

Definition of Services (42 CFR 440.169): Targeted case management services are defined as services furnished to assist individuals, eligible under the State Plan, in gaining access to needed medical, social, educational, and other services. Targeted Case Management includes the following assistance:

- Comprehensive assessment and periodic reassessment of individual needs, to determine the need for any medical, educational, social or other services. These assessment activities include:
  - Taking client history;
  - Identifying the individual's needs and completing related documentation; and

TN: 22-032  
Supersedes:  
TN: New

Approval Date: 11/23/2022  
Effective Date: 07/01/2022

State Plan under Title XIX of the Social Security Act  
State/Territory: Ohio

TARGETED CASE MANAGEMENT SERVICES

Eligible children with behavioral health needs receiving targeted case management

- Gathering information from other sources such as family members, medical providers, social workers, and educators (if necessary), to form a complete assessment of the eligible individual.

Upon a child's referral to case management services, an initial home-based comprehensive assessment shall occur within 14 calendar days from the referral. Ongoing review of needs and updating the comprehensive assessment will occur a minimum of every 90 calendar days, or whenever there is a significant change in the child's individual needs or circumstances.

- Development (and periodic revision) of a specific care plan that is based on the information collected through the assessment that:
  - Specifies the goals and actions to address the medical, social, educational, and other services needed by the individual;
  - Includes activities such as ensuring the active participation of the eligible individual, and working with the individual (or the individual's authorized health care decision maker) and others to develop those goals; and
  - Identifies a course of action to respond to the assessed needs of the eligible individual.
- Referral and related activities (such as scheduling appointments for the individual) to help the eligible individual obtain needed services including:
  - Activities that help link the individual with medical, social, educational providers, or other programs and services that are capable of providing needed services to address identified needs and achieve goals specified in the care plan; and
- Monitoring and follow-up activities:
  - Activities and contacts that are necessary to ensure the care plan is implemented and adequately addresses the eligible individual's needs, and which may be with the individual, family members, service providers, or other entities or individuals and conducted as frequently as necessary, and including at least one annual monitoring, to determine whether the following conditions are met:
    - Services are being furnished in accordance with the individual's care plan;
    - Services in the care plan are adequate; and
    - Changes in the needs or status of the individual are reflected in the care plan.Monitoring and follow-up activities include making necessary adjustments in the care plan and service arrangements with providers.

TN: 22-032  
Supersedes:  
TN: New

Approval Date: 11/23/2022  
Effective Date: 07/01/2022

State Plan under Title XIX of the Social Security Act  
State/Territory: Ohio

TARGETED CASE MANAGEMENT SERVICES

Eligible children with behavioral health needs receiving targeted case management

- Providers of case management services shall monitor the care plan to ensure that services are delivered in accordance with the plan.
  - The care plans will be reviewed at least every 60 days and whenever there is a significant change in the member's needs or circumstances.
  - Monitoring may be conducted face-to-face or telephonically with the youth or the youth's family and/or collateral contacts.
- Case management includes contacts with non-eligible individuals that are directly related to identifying the eligible individual's needs and care, for the purposes of helping the eligible individual access services; identifying needs and supports to assist the eligible individual in obtaining services; providing case managers with useful feedback, and alerting case manager to changes in the eligible individual's needs. (42 CFR 440.169(e))

Qualification of providers (42 CFR 441.18(a)(8)(v) and 42 CFR 441.18(b)):

Organizations offering case management services must ensure that staff providing case management services meet the following requirements:

- (a) Have experience providing community-based services or supports to children' and youth and their families or caregivers in areas of children's behavioral health, child welfare, intellectual and developmental disabilities, juvenile justice, or a related public sector human services or behavioral health care field for:
- 1) Three years with a high school diploma or equivalent; or
  - 2) Two years with an associate's degree or bachelor's degree; or
  - 3) One year with a master's degree or higher; or
  - 4) With ODM or its designee approval, partially meets years of experience and meets the following until experience requirements are met:
    - a. Demonstrates specific skills and competencies needed for care coordination activities; and
    - b. Receives additional supervision to monitor skills and competencies to ensure effective care coordination; and
    - c. Receives additional quarterly training to improve skills and competencies to ensure effective care coordination.
- (b) Have a background and experience in one or more of the following areas of expertise:

TN: 22-032  
Supersedes:  
TN: New

Approval Date: 11/23/2022  
Effective Date: 07/01/2022

State Plan under Title XIX of the Social Security Act  
State/Territory: Ohio

TARGETED CASE MANAGEMENT SERVICES

Eligible children with behavioral health needs receiving targeted case management

- 1) Family systems;
  - 2) Community systems and resources;
  - 3) Case management;
  - 4) Child and family counseling or therapy;
  - 5) Child protection; or
  - 6) Child development.
- (c) Be culturally competent or responsive with training and experience necessary to manage complex cases; and
- (d) Have the qualifications and experience needed to work with children and families who are experiencing serious emotional disturbance (SED), trauma, co-occurring behavioral health disorders and who are engaged with one or more child-serving systems (e.g., child welfare, intellectual and developmental disabilities, juvenile justice, education).
- (e) Case management supervisory qualifications.
- 1) A supervisor of case management will meet the qualifications for case management staff described above.
  - 2) A supervisor that is an unlicensed practitioner will have regular supervision with a licensed practitioner and real-time access to a psychiatrist for case consultation.
  - 3) Supervisors of case management will complete the high-fidelity wraparound training program provided by an independent validation entity recognized by ODM. Supervisors will successfully complete skill and competency-based training to supervise delivery of case management.

Freedom of choice (42 CFR 441.18(a)(1):

The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.

1. Eligible individuals will have free choice of any qualified Medicaid provider within the specified geographic area identified in the plan.
2. Eligible individuals will have free choice of any qualified Medicaid providers of other medical care under the plan.

Freedom of choice Exception (§1915(g)(1) and 42 CFR 441.18(b)):

Target group consists of eligible individuals with developmental disabilities or with chronic mental illness. Providers are limited to qualified Medicaid providers of case management

TN: 22-032  
Supersedes:  
TN: New

Approval Date: 11/23/2022  
Effective Date: 07/01/2022

State Plan under Title XIX of the Social Security Act  
State/Territory: Ohio

TARGETED CASE MANAGEMENT SERVICES

Eligible children with behavioral health needs receiving targeted case management

services capable of ensuring that individuals with developmental disabilities or with chronic mental illness receive needed services.

Case management services will be delivered by a statewide network of care management entities (CMEs) that meet the following requirements:

CMEs shall:

- (a) Participate in training, coaching, and supports;
- (b) Complete an initial readiness review;
- (c) Ensure that all care plans are submitted for review and approval;
- (d) Exchange electronic, bidirectional data and other information regarding the youth and family receiving case management services;
- (e) Report incidents;
- (f) Implement quality improvement activities;
- (g) Provide all staff with training regarding cultural and trauma-informed care competency;
- (h) Conduct virtual, in-person, or telephonic outreach to the youth's family;
- (i) Ensure case management staff and supervisors have the experience necessary to manage complex cases and the ability to navigate state and local child serving systems;
- (j) Provide real-time or on demand clinical and psychiatric consultation for youth engaged in case management;
- (k) Ensure youth and family choice is incorporated regarding the services and supports they receive and from whom;
- (l) Ensure that all case management services are provided in a conflict-free manner, with particular attention to ensuring case management services, functions, and staff are separated from the organization's function and staff related to other services;
- (m) Identify unmet needs and barriers to effective care and assist in developing community resources to meet youth and families' needs;
- (n) Assist with case management activities related to the 1915(b)/(c) waiver services.
- (o) Ensure monitoring of the care plan. Monitoring may be conducted face-to-face or telephonically with the youth or the youth's family and/or collateral contacts.

Access to Services (42 CFR 441.18(a)(2), 42 CFR 441.18(a)(3), 42 CFR 441.18(a)(6):

The State assures the following:

- Case management (including targeted case management) services will not be used to restrict an individual's access to other services under the plan.
- Individuals will not be compelled to receive case management services, condition receipt of case management (or targeted case management) services on the receipt of other

TN: 22-032

Supersedes:

TN: New

Approval Date: 11/23/2022

Effective Date: 07/01/2022



State Plan under Title XIX of the Social Security Act  
State/Territory: Ohio

TARGETED CASE MANAGEMENT SERVICES

Eligible children with behavioral health needs receiving targeted case management

Medicaid services, or condition receipt of other Medicaid services on receipt of case management (or targeted case management) services; and

- Providers of case management services do not exercise the agency's authority to authorize or deny the provision of other services under the plan.

Payment (42 CFR 441.18(a)(4)):

Payment for case management or targeted case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

Case Records (42 CFR 441.18(a)(7)):

Providers maintain case records that document for all individuals receiving case management as follows:

- (i) The name of the individual;
- (ii) The dates of the case management services;
- (iii) The name of the provider agency (if relevant) and the person providing the case management service;
- (iv) The nature, content, units of the case management services received and whether goals specified in the care plan have been achieved;
- (v) Whether the individual has declined services in the care plan;
- (vi) The need for, and occurrences of, coordination with other case managers,
- (vii) A timeline for obtaining needed services;
- (viii) A timeline for reevaluation of the plan.

Limitations:

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §440.169 when the case management activities are an integral and inseparable component of another covered Medicaid service (State Medicaid Manual (SMM) 4302.F).

Case management does not include, and FFP is not available in expenditures for, services defined in §440.169 when the case management activities constitute the direct delivery of underlying medical, educational, social, or other services to which an eligible individual has been referred, including for foster care programs, services such as, but not limited to, the following: research gathering and completion of documentation required by the foster care program; assessing adoption placements; recruiting or interviewing potential foster care parents; serving

TN: 22-032  
Supersedes:  
TN: New

Approval Date: 11/23/2022  
Effective Date: 07/01/2022

State Plan under Title XIX of the Social Security Act  
State/Territory: Ohio

TARGETED CASE MANAGEMENT SERVICES

Eligible children with behavioral health needs receiving targeted case management

legal papers; home investigations; providing transportation; administering foster care subsidies; making placement arrangements. (42 CFR 441.18(c))

FFP only is available for case management services or targeted case management services if there are no other third parties liable to pay for such services, including as reimbursement under a medical, social, educational, or other program except for case management that is included in an individualized education program or individualized family service plan consistent with §1903 (c) of the Act. (§§1902(a)(25) and 1905(c))

TN: 22-032  
Supersedes:  
TN: New

Approval Date: 11/23/2022  
Effective Date: 07/01/2022

19. Case management services and Tuberculosis related services.
- a. Methods and standards for payment/reimbursement of targeted case management (TCM) services as defined in, and to the group specified in, Supplement 1 to Attachment 3.1-A of Target Group G: Children with Behavioral Health Needs (in accordance with Section 1905(a)(19) of Section 1915(g) of the Act).

**Rate(s):**

Payment for TCM as described in Supplement 1 to Attachment 3.1-A, Target Group G: Children with Behavioral Health Needs, pages 1 through 7, has been set to the Medicaid maximum for the services.

The agency's fee schedule for TCM was set as of July 1, 2022 and is effective for services provided on or after that date. All rates 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.