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State/Territory Name: Ohio

State Plan Amendment (SPA) #: 24-0009

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 (300)
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

August 16, 2024

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) 24-0009

Dear Director Corcoran:

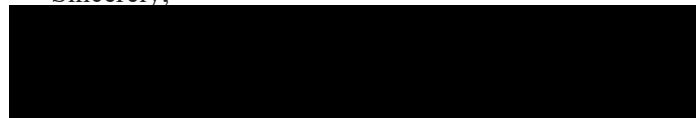
The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0009. This amendment adds coverage and payment provisions for mental health peer support services to the State Plan rehabilitation benefit.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations. This letter informs you that Ohio's Medicaid SPA TN 24-0009 was approved on August 16, 2024, with an effective date of September 1, 2024.

Enclosed are copies of Form CMS-179 and approved SPA pages to be incorporated into the Ohio State Plan.

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

Sincerely,



Division of Program Operations

Enclosures

cc: Rebecca Jackson, ODM
Gregory Niehoff, ODM
Tamara Edwards, ODM
Deborah Benson, CMCS
Brandon Smith, CMCS

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|---|--|---|-------------------------------|
| <p>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES</p> | | <p>1. TRANSMITTAL NUMBER <u>2 4 — 0 0 9</u></p> | <p>2. STATE <u>OH</u></p> |
| <p>TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES</p> | | <p>3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI</p> | |
| <p>5. FEDERAL STATUTE/REGULATION CITATION Sec. 1905(a)(13), 42 CFR 440.130</p> | | <p>4. PROPOSED EFFECTIVE DATE September 1, 2024</p> | |
| <p>7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1-A, Item 13-d-1 Pages 1,3,6 and 7 of 28 Attachment 3.1-A, Item 13-d-2 Page 8 of 9 Attachment 4.19-B, Item 13-d-(1) Page 1 of 2 Attachment 4.19-B, Item 13-d-(2) Page 2 of 2</p> | | <p>6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2024</u> \$ <u>36,175</u> b. FFY <u>2025</u> \$ <u>429,120</u></p> | |
| <p>9. SUBJECT OF AMENDMENT Coverage and Limitations: Adding mental health peer support services to rehabilitation services</p> | | <p>8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 3.1-A, Item 13-d-1 Page 1 of 28 (TN 19-021) Attachment 3.1-A, Item 13-d-1 Page 3 of 28 (TN 22-027) Attachment 3.1-A, Item 13-d-1 Page 6,7 of 28 (TN 17-008) Attachment 3.1-A, Item 13-d-2 Page 8 of 9 (TN 17-013) Attachment 4.19-B, Item 13-d-(1) Page 1 of 1 (TN 23-042) Attachment 4.19-B, Item 13-d-(2) Page 2 of 2 (TN 23-042)</p> | |
| <p>10. GOVERNOR'S REVIEW (Check One)</p> <p><input type="radio"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="radio"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="radio"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL</p> <p><input checked="" type="radio"/> OTHER, AS SPECIFIED: The State Medicaid Director is the Governor's designee</p> | | | |
| <p>11. SIGNATURE OF STATE AGENCY OFFICIAL </p> | | <p>15. RETURN TO Greg Niehoff Ohio Department of Medicaid P.O. BOX 182709 Columbus, Ohio 43218</p> | |
| <p>12. TYPED NAME MAUREEN M. CORCORAN</p> | | <p>17. DATE APPROVED 08/16/2024</p> | |
| <p>13. TITLE STATE MEDICAID DIRECTOR</p> | | | |
| <p>14. DATE SUBMITTED June 3, 2024</p> | | | |
| <p>FOR CMS USE ONLY</p> | | | |
| <p>16. DATE RECEIVED June 3, 2024</p> | | <p>17. DATE APPROVED 08/16/2024</p> | |
| <p>PLAN APPROVED - ONE COPY ATTACHED</p> | | | |
| <p>18. EFFECTIVE DATE OF APPROVED MATERIAL September 1, 2024</p> | | <p>19. SIGNATURE OF APPROVING OFFICIAL </p> | |
| <p>20. TYPED NAME OF APPROVING OFFICIAL James G. Scott</p> | | <p>21. TITLE Direc </p> | |
| <p>22. REMARKS</p> | | | |

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

d. Rehabilitative services

1. Mental Health Rehabilitative services

The following explanations apply to the mental health rehabilitative services covered under Item 13-d-1, which are:

- Therapeutic Behavioral Services (TBS)
- Psychosocial Rehabilitation (PSR)
- Peer Support (Youth, Family, Adult)

These rehabilitative services are provided to all Medicaid eligible adults and children with an identified mental health and/or substance abuse need. The medical necessity for these rehabilitative services must be determined by and services recommended by a licensed behavioral health practitioner or physician who is acting within the scope of his/her professional license and applicable state law to promote the maximum reduction of symptomology and restoration of developmentally-appropriate functionality. Licensed practitioners of the healing arts (LPHA) operating within their scope of practice under State license include: a medical doctor or doctor of osteopathic medicine; physician assistant; psychologist; clinical nurse specialist; nurse practitioner; licensed independent social worker; licensed social worker; licensed professional clinical counselor; licensed professional counselor; licensed independent marriage and family therapist; licensed marriage and family therapist; or Board-licensed school psychologist. Nursing activities performed as part of Rehabilitative Services by Registered Nurses (RN) and Licensed Practical Nurses (LPN) must be ordered by a physician, physician assistant (PA), clinical nurse specialist (CNS) or certified nurse practitioner (CNP) unless, for RNs, an order is not required in accordance with nursing scope of practice. Direct services provided by the licensed practitioner not listed under TBS, PSR, or Peer Support are billable under other sections of the State Plan (e.g., Physician and Other Licensed Practitioner).

Service Utilization:

The components included in the service must be intended to achieve identified treatment plan goals or objectives. All rehabilitative services are provided to, or directed exclusively toward, the treatment of the Medicaid-eligible individual in accordance with section 1902(a)(10)(A) of the Act.

These rehabilitative services are provided according to an individualized treatment plan, which may be subject to prior approval. The components included in the service must be intended to achieve identified treatment plan goals or objectives. The frequency and duration of rehabilitation services will be identified in the individualized treatment plan and must be supported by an identified behavioral health need.

The treatment plan should be developed in a person-centered manner with the active participation of the individual, family and providers and be based on the individual's need and the generally accepted standards of practice for the provision of these specific rehabilitative services. Reevaluations of the treatment plan should occur periodically to monitor progress towards goals and objectives. A new treatment plan should be developed, or adjustments should be made to a treatment plan, if there is no measurable reduction of symptomology or restoration of functionality.

TN: 24-009

Supersedes:

TN: 19-021

Approval Date: 08/16/2024

Effective Date: 09/01/2024

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

d. Rehabilitative services

1. Mental Health Rehabilitative services

Therapeutic Behavioral Services (TBS)

Therapeutic Behavioral Services are goal-directed supports and solution-focused interventions intended to achieve identified goals or objectives as set forth in the individual's treatment plan. Solution-focused interventions, emotional and behavioral management, and problem behavior analysis includes the implementation of interventions using evidence-based techniques, drawn from cognitive-behavioral therapy and/or other psychotherapeutic interventions that ameliorate targeted symptoms and/or recover the person's capacity to cope with or prevent symptom manifestation. The combination and intensity of services will be based on an individualized assessment of medical necessity for each beneficiary. TBS is an individual or group intervention with the individual, family/caregiver and/or other collateral supports. TBS can occur in a variety of settings including community locations where the beneficiary lives, works, attends school, engages in services (e.g., provider office sites) and/or socializes, or in an office. The intent of TBS is to restore an individual's functional level as possible and as necessary for integration of the individual as an active and productive member of their community and family with minimal ongoing professional intervention. Activities included must be intended to achieve the identified goals or objectives as set forth in the Medicaid-eligible individual's treatment plan. This includes consultation with a licensed practitioner to assist with the individual's needs and service planning for Medicaid behavioral health services, and referral and linkage to other Medicaid behavioral health services to avoid more restrictive levels of treatment.

Components include:

- A. Treatment Planning - Participating in and utilizing strengths-based treatments/planning which may include assisting the individual and family members or other collaterals with identifying strengths and needs, resources, natural supports and developing goals and objectives to utilize personal strengths, resources, and natural supports to address functionality related to their behavioral health needs. This only includes developing the treatment plan for the Medicaid behavioral health services provided to the individual;
- B. Identification of strategies or treatment options - Assisting the individual and family members or other collaterals to identify strategies or treatment options associated with the individual's mental illness, with the goal of minimizing the negative effects of mental illness symptoms or emotional disturbances or associated behavioral health stressors which interfere with the individual's daily living, financial management, housing, academic and/or employment progress, personal recovery or resilience, family and/or interpersonal relationships, and community integration;

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

d. Rehabilitative services

1. Mental Health Rehabilitative services

required by the State Medicaid agency, including cultural competence and trauma-informed care.

PSR specialists in the prior-approved Evidence-Based Practices of Assertive Community Treatment may perform activities above as a peer and must meet the Certified Peer Supporter requirements and be certified in the Evidence-Based Practice of Assertive Community Treatment.

Supervisor Qualifications:

PSR providers must receive regularly-scheduled clinical supervision from one of the following practitioners operating within their scope of practice: a medical doctor or doctor of osteopathic medicine, registered nurse, Master of Science in nursing, clinical nurse specialist, certified nurse practitioner, licensed independent social worker, licensed independent marriage and family therapist, licensed social worker, licensed marriage and family therapist, licensed professional counselor, licensed professional clinical counselor, Board-licensed school psychologist, or psychologist. Supervisors must also be aware of and sensitive to the cultural needs of the population of focus and how to best meet those needs, and be capable of training staff regarding these issues. Direct services provided by the licensed practitioner not listed under PSR are billable under other sections of the State Plan (e.g., Physician and Other Licensed Practitioner).

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

d. Rehabilitative services

1. Mental Health Rehabilitative services

Peer Support Services are trauma-informed individual and group services that promote recovery and wellness through a peer relationship with an individual with lived experience, using structured activities such as group and individual coaching to enhance skills and meet recovery goals, including identifying steps and actions to achieve goals. Services aim to empower individuals through strength-based coaching and linkages to community resources and supports. Services include developmentally appropriate education, support, person-centered goal planning, modeling effective coping skills, and facilitating community connections and crisis support to reduce symptomology and restore functionality. Family Peer Support Services also include engagement, parent skill development, and crisis support for families caring for a child who is experiencing social, emotional, medical, developmental, substance use or behavioral challenges in their home, school, placement, or community. Services are provided in individual or group settings to promote recovery, self-advocacy, and the development of natural supports and community living skills. Services are directed toward achievement of the specific, individualized, and result-oriented goals contained in an individual's treatment plan developed under the supervision of a competent mental health professional/licensed practitioner of the healing arts.

Certified Peer Supporters shall:

- Be at least 18 years old;
- Have a high school diploma or equivalent;
- Be certified in the State of Ohio to provide peer support services;
- Self-identify as having lived experience of a mental or substance use disorder, or both;
- Have taken the state-approved standardized peer recovery supporter training that includes academic information as well as practical knowledge and skill development 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, ethics, confidentiality and boundaries as well as approaches to motivational interviewing and trauma-informed care;
- Have demonstrated competency through state-approved peer supporter examination;
- Be supervised by a licensed practitioner of the healing arts (LPHA) or a peer with at least two years of direct experience providing peer services. LPHA and experienced peers may supervise upon completion of state-approved Supervising Peer Support training. Supervisors will provide regularly scheduled supervision for certified peers.

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

- Be certified in the State of Ohio to provide peer support services;
- Self-identify as having lived experience of a mental health or substance use disorder, or both;
- Have taken the state-approved standardized peer recovery supporter training that includes academic information as well as practical knowledge and skill development 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, ethics, confidentiality and boundaries as well as approaches to motivational interviewing and trauma-informed care.
- Have demonstrated competency through state-approved peer supporter examination;
- Be supervised by a licensed practitioner of the healing arts (LPHA) or a peer with at least two years of direct experience providing peer services. LPHA and experienced peers may supervise upon completion of state-approved Supervising Peer Support training. Supervisors will provide regularly scheduled supervision for certified peers.

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 September 1, 2024 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>.

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. 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.

TN: 24-009
Supersedes
TN: 23-042

Approval Date: 08/16/2024

Effective Date: 09/01/2024

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

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 September 1, 2024 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.

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