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State/Territory Name: OH

State Plan Amendment (SPA) #: 09-011

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

September 30, 2015

John B. McCarthy, Director
Ohio Department of Medicaid
P.O. Box 182709
50 West Town Street, Suite 400
Columbus, Ohio 43218

RE: TN 09-011

Dear Mr. McCarthy:

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

Transmittal #19-011 - Coverage and payment for lead investigations
 - Effective July 1, 2009

If you have any questions, 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 Brewer, ODM
Sarah Curtin, ODM
Becky Jackson, ODM
Greg Niehoff, ODM

AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

12. Prescribed drugs, dentures, and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist.

a. Prescribed drugs.

Provided: No limitations With limitations*
 Not provided

b. Dentures.

Provided: No limitations With limitations*
 Not provided

c. Prosthetic devices.

Provided: No limitations With limitations*
 Not provided

d. Eyeglasses

Provided: No limitations With limitations*
 Not provided

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

a. Provided: No limitations With limitations*
 Not provided

*Description provided on attachment.

TN: 09-011
Supersedes:
TN: 85-41

Approval Date: 9/30/15

Effective Date: 07/01/2009

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

a. Diagnostic services

Diagnostic services are covered by Ohio Medicaid in accordance with 42 CFR 440.130(a) and State law.

Beneficiaries younger than twenty-one can access diagnostic services without limitation when such services are medically necessary.

Services determined by the State as not medically necessary will not be covered.

Diagnostic services are limited to one-time lead investigations to determine the source of lead poisoning for a child who is diagnosed with an elevated blood lead level as defined by the Centers for Disease Control and Prevention (CDC). The one-time investigation will be conducted in the child's home or primary residence. Lead investigations beyond the child's home or primary residence, such as in community settings, schools, or other residences, are not reimbursable.

Provider limitations:

Investigations shall be performed by Public Health Lead Investigators, who are authorized and defined by State law.

TN: 09-011

Supersedes:

TN: NEW

Approval Date: 9/30/15

Effective Date: 07/01/2009

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

a. Diagnostic services

One-time lead investigations to determine the source of lead poisoning:

A public health lead investigation consists of one or more of the following components, depending on the specific circumstances relevant to each child:

- Completion of a comprehensive on-site questionnaire;
- Interview of the parent, guardian or other appropriate adult;
- Gathering of information about habits of the child; and
- Identifying potential lead sources in the child's home or primary residence.

Rate(s):

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

Medicaid reimbursement includes payment for collection of specimens, assessment of the home or primary residence of a child identified as having an elevated blood lead level, and on-site testing. The State will only pay for those components of the one-time lead investigation that are performed. The State will not pay for external laboratory testing.

Payment for one-time lead investigations to determine the source of lead poisoning:

Payment, not to exceed \$1,223.96, is made for the specific investigative components required in each case. Payment to the Ohio Department of Health, if performed by the Ohio Department of Health, was derived by using provider cost data for state fiscal year 2006. The analysis showed that the proposed maximum payment was within a reasonable range when compared to both the average and median unit cost, with some falling below and some falling above.

Payment, not to exceed \$847.89, is made for the specific investigative components required in each case. Payment to the Ohio Department of Health, if provided by a contracted delegated board of health, was derived by using provider cost data for state fiscal year 2006. The analysis showed that the proposed maximum payment was within a reasonable range when compared to both the average and median unit cost, with some falling below and some falling above.

TN: 09-011

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The reimbursement methodology is as follows:

Claims Payment Process:

The Ohio Department of Health submits claims to the single state agency listed in section 1.1(a) of the state plan. The single state agency processes the claims and reimburses the Ohio Department of Health at 100%.

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