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State/Territory Name: OH

State Plan Amendment (SPA) #: 13-011

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

Department of Health & Human Services Centers for Medicare & Medicaid Services 233 North Michigan Avenue, Suite 600 Chicago, Illinois 60601-5519



August 5, 2015

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

RE: TN 13-011

Dear Mr. McCarthy:

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

Transmittal #13-011

- Coverage and limitations: rehabilitative services provided by community mental health facilities and alcohol and other drug treatment programs
- Effective Date: August 1, 2013

If you have any questions, please have a member of your staff contact Christine Davidson at (312) 886-3642 or by email at 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

TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE
STATE PLAN MATERIAL		1
O ALLE I DINITITALINA	13-011	OHIO
FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
CENTERS FOR MEDICARE & MEDICAID SERVICES	August 1, 2013	
DEPARTMENT OF HEALTH AND HUMAN SERVICES		
5. TYPE OF PLAN MATERIAL (Check One):		oraconamic contraction and the contraction of the c
□ NEW STATE PLAN □ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☑ AMENDMENT		
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)		
6. FEDERAL STATUTE/REGULATION CITATION: Section 1905(a)(13) of the Social Security Act	7. FEDERAL BUDGET IMPACT:	
42CFR440.130(d)	a. FFY 2013 \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR	b. FFY 2014 \$0	·····
ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):	
Attachment 3.1-A, Item 13-d-1, Pages 1, 4, and 20 of 28	Attachment 3.1-A, Item 13-d-1, Pages 1, 4, and 20 of 28 (TN 11-025)	
Attachment 3.1-A, Item 13-d-2, Pages 1, 3, 6, 8, 9, and 12 of 19	Attachment 3.1-A, Item 13-d-2, Pages 1, 3, 6, 8, 9, and 12 of 19 (TN 11-029)	
Attachment 3.1-A, Item 13-d-2, Page 14 of 19	Attachment 3.1-A, Item 13-d-2, Page 14 of 19 (TN 12-012)	
Attachment 3.1-A, Item 13-d-2, Page 15 of 19	Attachment 3.1-A, Item 13-d-2, Page 15 of 19 (TN 12-007)	
10. SUBJECT OF AMENDIALITY		
Rehabilitative services provided by community mental health facilities and by alcohol and other drug treatment programs: coverage and limitations		
11. GOVERNOR'S REVIEW (Check One);		
☐ GOVERNOR'S OFFICE REPORTED NO COMMENT	☑ OTHER, AS SPECI	FIED:
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	Covernor has determed simple and the	
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 10 Medicaid Director		
12. SIGNATURE OF STATE AGENCY OFFICIAL	16. RETURN TO:	
12 TVDPD MASE	Dody today	
13. TYPED NAME: John B. McCarthy	Becky Jackson Ohio Department of Medicaid	
14. TITLE: STATE MEDICAID DIRECTOR	P.O. BOX 182709	
OTATE MEDICALD DIRECTOR	Columbus, Ohio 43218	
15. DATE SUBMITTED: 9/12/13	······································	
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17. DATE RECEIVED:	18. DATE APPROVED:	***************************************
9/12/13	8/5/15	
PLAN APPROVED ONE 19. EFFECTIVE DATE OF APPROVED MATERIAL:	COPY ATTACHED	
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d. Rehabilitative services

1. Rehabilitative services provided by community mental health facilities

The following community mental health services provided in accordance with 42 CFR 440.130(d), Ohio Administrative Code rules governing the coverage and reimbursement of the Medicaid program, and the certification requirements of the Ohio Department of Mental Health and Addiction Services (OhioMHAS) are covered as optional rehabilitative services.

Covered mental health services do not include services provided to individuals aged 21 - 65 who reside in facilities that meet the Federal definition of an institution for mental disease.

Covered mental health services only include services that are rendered by or are rendered under the lawful direction of providers who meet the applicable Federal and/or State definition of a qualified Medicaid provider.

TN: <u>13-011</u> Supersedes: TN: <u>11-025</u>

Approval Date: 8/5/15

d. Rehabilitative services

Mental health assessment services

Service Description:

Mental health assessment is a clinical evaluation provided by a provider of services either at specified times or in response to treatment, or when significant changes occur. It is a process of gathering information to assess client needs and functioning in order to determine appropriate service/treatment based on identification of the presenting problem, evaluation of mental status, and formulation of a diagnostic impression. The outcome of mental health assessment is to determine the need for care, and recommend appropriate services/treatment and/or the need for further assessment. Results of the mental health assessment shall be shared with the client.

An initial mental health assessment must be completed prior to the initiation of any mental health services. The only exceptions to this is the delivery of crisis intervention mental health services or pharmacologic management services as the least restrictive alternative in an emergency situation.

The initial mental health assessment must, and subsequent mental health assessments may, include at minimum:

- (a) An age appropriate psychosocial history and assessment, to include consideration of multi-cultural/ethnic influences;
- (b) The presenting problem:
- (c) A diagnostic impression and treatment recommendations;
- (d) For any service provided in a type I residential facility licensed by OhioMHAS pursuant to rules 5122-30-01 to 5122-30-30 of the Administrative Code, a physical health screening to determine the need for a physical health assessment. Such screening shall be completed within one week of admission to the facility. Room and board provided in residential facilities is not eligible for Medicaid reimbursement; and
- (e) As determined by the provider, any other clinically indicated areas. Other clinically indicated areas include areas of assessment the provider may determine to be indicated, such as, age appropriate areas of assessment for children, growth and development, family effect on

TN: <u>13-011</u> Supersedes: TN: <u>11-025</u>

Approval Date: 8/5/15

d. Rehabilitative services

Eligible Providers:

The following individuals are eligible to provide all components of the CPST service: medical doctor or doctor of osteopathic medicine; physician assistant; licensed practical nurse; registered nurse; master science in nursing; clinical nurse specialist; nurse practitioner; social worker assistant; social worker trainee; social worker; independent social worker; counselor trainee; professional counselor; professional clinical counselor; school psychology assistant; licensed school psychologist; psychology intern; psychology fellow; psychology assistant; assistant; psychologist; aide; independent marriage and family therapist; marriage and family therapist; psychology aide; psychology postdoctoral trainee; psychology resident; psychology trainee; school psychology intern; school psychology trainee; or qualified mental health specialist. All providers require supervision, except those listed below as eligible to supervise CPST service unless otherwise noted.

The following individuals must be supervised in the provision of this service: physician assistant; licensed practical nurse; social worker assistant; social worker trainee: counselor trainee; qualified mental health specialist. Supervision may be provided by any professional listed in the following paragraph.

The following individuals are eligible to supervise the CPST service: medical doctor or doctor of osteopathic medicine; registered nurse; master of science in nursing; clinical nurse specialist; nurse practitioner; independent social worker; professional counselor; professional clinical counselor; licensed school psychologist; independent marriage and family therapist; marriage and family therapist; or psychologist.

The following individuals must be supervised in the provision of this service by a psychologist, or by another psychology supervisee registered to practice under the supervision of the same psychologist's license: psychology assistant; assistant; psychology aide; aide; school psychology assistant; psychology intern; psychology fellow; psychology postdoctoral trainee; psychology resident: psychology trainee; school psychology intern; psychology fellow; psychology postdoctoral trainee; psychology fellow; psychology postdoctoral trainee; psychology resident; psychology trainee; school psychology intern; school psychology trainee must be supervised, but is also eligible to provide supervision under the registration and supervision of a psychologist.

TN: <u>13-011</u> Supersedes: TN: <u>11-025</u>

Approval Date: 8/5/15

d. Rehabilitative services

2. Rehabilitative services provided by alcohol and other drug treatment programs

The following alcohol and other drug treatment services provided in accordance with 42 CFR 440.130(d), Ohio Administrative Code rules governing coverage and reimbursement under the Medicaid program and the certification requirements of the Ohio Department of Mental Health and Addiction Services (OhioMHAS) under the Ohio Administrative Code are covered as optional rehabilitative services.

Covered alcohol and other drug treatment services do not include services provided to individuals aged 21 - 65 who reside in facilities that meet the Federal definition of an institution for mental disease.

Covered alcohol and other drug treatment services only include services that are rendered by or are rendered under the lawful direction of providers who meet the applicable Federal and/or State definition of a qualified Medicaid provider.

TN: <u>13-011</u> Supersedes TN: <u>11-029</u> Approval Date: 8/5/15

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

Assessment

Service Description:

Assessment as defined in paragraph (K) of rule 3793:2-1-08 of the Ohio Administrative Code. Assessment service means the evaluation of an individual to determine the nature and extent of his/her abuse, misuse and/or addiction to alcohol and/or other drugs. Assessment services shall consist of time limited, structured, face-to-face sessions.

- (1) Face-to-face assessment sessions can include family members, legal guardians and/or significant others when the intended outcome of sessions is to ascertain the nature and extent of a client's alcohol and/or drug problem.
- (2) Assessment services may be provided at an alcohol and drug addiction program site certified by OhioMHAS or in the natural environment of the client being served.
- (3) Assessment includes at a minimum, the following information:
 - (a) Presenting problem(s) and/or precipitating factors leading to the need for an assessment;
 - (b) History of alcohol and other drug use by client and family members and/or significant others;
 - (c) Current over-the-counter and prescription medications being used;
 - (d) History of treatment for alcohol and other drug abuse:
 - (e) Medical history;
 - (f) Allergies to include food and drug reactions;
 - (g) Employment history;
 - (h) Educational history;
 - (i) Legal history to include pending charges and parole/probation status:
 - (j) Mental status screen including but not limited to, appearance, attitude, motor activity, affect, mood, speech and thought content;

TN: 13-011 Supersedes

TN: 11-029

Approval Date: 8/5/15

Effective Date: <u>08/1/2013</u>

- 13. Other diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in the plan.
 - d. Rehabilitative services
 - (1) Crisis intervention services can be provided at a program site certified by OhioMHAS or in the client's natural environment.
 - (a) Individuals who have unstable medical problems shall be referred to a medical facility.
 - (b) Individuals who have unstable psychiatric problems shall be referred to a psychiatric facility.
 - (c) Individuals who are experiencing withdrawal symptoms from use of alcohol and/or other drugs shall be referred to a person and/or entity that can provide the appropriate level of detoxification services.
 - (2) Individual service providers of crisis intervention services shall have current training and/or certification, with documentation of same in their personnel files, in the following:
 - (a) Cardio-pulmonary resuscitation techniques
 - (b) First aid
 - (c) De-escalation techniques

Eligible Providers:

The following individuals who also have current training and/or certification, with documentation of same in their personnel files, in Cardio-pulmonary resuscitation techniques, First aid, and De-escalation techniques are eligible to provide all components of crisis intervention and may supervise other providers of crisis intervention: physician, clinical nurse specialist, registered nurse, certified nurse practioner, psychologist, professional clinical counselor, licensed independent social worker, licensed independent marriage and family therapist, licensed independent chemical dependency counselor and licensed chemical dependency counselor lll.

The following individuals who also have current training and/or certification, with documentation of same in their personnel files, in Cardio-pulmonary resuscitation techniques, First aid, and De-escalation techniques are eligible to provide all components of crisis intervention while under supervision: licensed practical nurse, chemical dependency counselor assistant, licensed chemical dependency counselor ll, psychology assistant, professional counselor, licensed social worker, social work

TN: <u>13-011</u> Supersedes TN: <u>11-029</u>

Effective Date: 08/1/2013

Approval Date: 8/5/15

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

Group Counseling Service Description:

Group counseling as defined in paragraph (O) of rule 3793:2-1-08 of the Ohio Administrative Code. Group counseling means the utilization of special skills to assist two or more individuals in achieving treatment objectives. This occurs through the exploration of alcohol and other drug problems and/or addiction and their ramifications, including an examination of attitudes and feelings, consideration of alternative solutions and decision making and/or discussing information related to alcohol and other drug related problems. Group counseling services shall be provided at a program site certified by OhioMHAS or in the client's natural environment. The client to counselor ratio for group counseling shall not be greater than 12:1. Group counseling shall be documented per paragraphs (M) and (N) of rule 3793:2-1-06 of the Administrative Code. Group sessions, which focus on helping individuals increase awareness and knowledge of the nature, extent and harm of their alcohol and drug addiction do not have a client to counselor ratio requirement. Such group sessions can consist of lecture, viewing a video or a structured discussion session and shall be documented per paragraph (O)(1) of rule 3793:2-1-06 of the Administrative Code.

Eligible Providers:

The following individuals are eligible to provide group counseling and may supervise other providers of group counseling: physician, clinical nurse specialist, registered nurse, certified nurse practioner, psychologist, professional clinical counselor, licensed independent social worker, licensed independent marriage and family therapist, licensed independent chemical dependency counselor and licensed chemical dependency counselor lll.

The following individuals are eligible to provide group counseling while under supervision: licensed practical nurse, chemical dependency counselor assistant, licensed chemical dependency counselor II, psychology assistant, professional counselor, licensed social worker, counselor trainee, licensed marriage and family therapist, licensed school psychologist, certified school psychologist and students enrolled in an accredited educational institution in Ohio and performing an internship or field placement.

Group counseling is measured and reported on a fifteen minute unit basis and, therefore, fractions of this unit are not allowed.

TN: <u>13-011</u> Supersedes TN: <u>11-029</u> Approval Date: 8/5/15

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

Individual Counseling

Service Description:

Individual counseling is provided to, or directed exclusively toward, the treatment of the Medicaid eligible individual.

Individual counseling as defined in paragraph (N) of rule 3793:2-1-08 of the Ohio Administrative Code. Individual counseling involves a face-to-face encounter between a client or client and family member and a counselor. Individual counseling means the utilization of special skills to assist an individual in achieving treatment objectives through the exploration of alcohol and other drug problems and/or addiction and their ramifications, including an examination of attitudes and feelings, consideration of alternative solutions and decision making and/or discussing didactic materials with regard to alcohol and other drug related problems. Individual counseling services can be provided at a program site certified by OhioMHAS or in the client's natural environment.

Eligible Providers:

The following individuals are eligible to provide individual counseling and may supervise other providers of individual counseling: physician, clinical nurse specialist, registered nurse, certified nurse practioner, psychologist, professional clinical counselor, licensed independent social worker, licensed independent marriage and family therapist, licensed independent chemical dependency counselor and licensed chemical dependency counselor lll.

The following individuals are eligible to provide individual counseling while under supervision: licensed practical nurse, chemical dependency counselor assistant, licensed chemical dependency counselor II, psychology assistant, professional counselor, licensed social worker, counselor trainee, licensed marriage and family therapist, licensed school psychologist, certified school psychologist and students enrolled in an accredited educational institution in Ohio and performing an internship or field placement.

Individual counseling is measured and reported on a fifteen minute unit basis and, therefore, fractions of this unit are not allowed.

TN: <u>13-011</u> Supersedes TN: <u>11-029</u> Approval Date: 8/5/15

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

Laboratory Urinalysis

Service Description:

Laboratory urinalysis as defined in paragraph (R)(1) of rule 3793:2-1-08 of the Ohio Administrative Code. Laboratory urinalysis means the testing of an individual's urine specimen to detect the presence of alcohol and other drugs.

Laboratory testing procedures include:

- (a) Urine specimens for urinalysis/lab analysis can be collected at a program site certified by OhioMHAS, in the client's natural environment or at a laboratory.
- (b) Programs that perform urinalysis/lab analysis shall have a standing physician's, clinical nurse specialist's or certified nurse practitioner's order for each client needing this service.
- (c) Programs that perform urinalysis/lab analysis shall have a written procedure for a chain of custody of urine specimens.
- (d) Urine specimens shall be collected in a manner to minimize falsification.
- (e) Containers for urine specimens shall be labeled to reflect:
 - (i) The identification of the person from whom the specimen was obtained.
 - (ii) Date that the specimen was obtained.
- (f) Urinalysis/lab analysis shall be performed by a laboratory that is in compliance with all applicable federal proficiency testing and licensing standards.
- (g) Results of urinalysis/lab analysis testing shall be reviewed by the program staff and a copy of the results placed in the client's file. Positive results shall be shared with the client.

Eligible Providers:

The following individuals are eligible to order and request laboratory urinalysis: physician, clinical nurse specialist or certified nurse practioner.

The following individuals are eligible to request laboratory urinalysis once an order has been issued: registered nurse, licensed practical nurse, psychologist, psychology

TN: <u>13-011</u> Supersedes TN: <u>11-029</u> Approval Date: 8/5/15

Effective Date: <u>08/1/2013</u>

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

Medical/Somatic

Service Description:

Medical/Somatic as defined in paragraph (S) of rule 3793:2-1-08 of the Ohio Administrative Code. Medical/somatic services mean medical services, medication administration services, medication assisted treatment, and the dispensing of medications in an alcohol and other drug treatment program.

- (1) Medical/somatic services shall be delivered at a program site certified by OhioMHAS.
- (2) Medical services means those activities performed by a physician, registered nurse or licensed practical nurse to address the physical needs of clients. Medical services include, but are not limited to: health care examinations, health assessments, taking vital signs and reviewing laboratory findings.
 - (a) Medical services shall be delivered by staff who are credentialed by the Ohio board of nursing or by the Ohio state medical board.
 - (b) Providers of medical services shall be supervised by a registered nurse who is registered with the Ohio nursing board or by a physician who is licensed by the Ohio state medical board.
- (3) Medication administration services means the administration or dispensing of medications to clients. This service does not include detoxification, rehabilitation, opioid agonist administration or urinalysis. Only physicians and pharmacists are authorized to dispense medications.
- (4) Medication assisted treatment means the services of a medical professional directly related to the use of medications to provide a whole patient approach to the treatment of substance abuse disorders. This includes, but is not limited to, services associated with prescribing medications, the direct administration of medications and follow-up monitoring of patient health related to the use of medications. Medications utilized must be approved by the U.S. food and drug administration specifically for the treatment of alcohol and/or drug abuse or dependence. Medication assisted treatment does not include the services opioid agonist administration or ambulatory detoxification as defined in Ohio Administrative Code rule 3793: 2-1-08. Medication assisted treatment

TN: <u>13-011</u> Supersedes TN: 12-012 Approval Date: 8/5/15

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

Opioid Agonist Administration

Service Description:

Opioid Agonist Administration as defined in paragraph (T) of rule 3793:2-1-08 of the Ohio Administrative Code. Opioid agonist administration means the administration or dispensing of opioid agonist to an individual only for the treatment of narcotic addiction by an alcohol and other drug treatment program licensed by OhioMHAS as an opioid agonist program in accordance with section 3793.11 of the Revised Code. Opioid agonist shall be administered and/or dispensed at a program site which is certified as a treatment program by OhioMHAS and is approved by the U.S. Food and Drug Administration for the use of opioid agonist in the treatment of narcotic addiction.

Eligible Providers:

The following individuals are eligible to provide opioid agonist administration: a physician, a certified nurse practitioner, a clinical nurse specialist, a registered nurse or a licensed practical nurse who has proof of completion of a course in medication administration approved by the Ohio Board of Nursing. Opioid agonist administration is measured and reported on a per dose unit and, therefore, there are no fractions of this unit.

Limitations

The following services are limited to a combined 30 hours when provided to the same person per week, Sunday through Saturday:

- (1) Group Counseling,
- (2) Individual Counseling, and
- (3) Medical/Somatic.

Beneficiaries younger than age twenty-one can access community alcohol and drug treatment services beyond established limits when medically necessary.

TN: <u>13-011</u> Supersedes TN: <u>12-007</u> Approval Date: 8/5/15