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State/Territory Name: OH

State Plan Amendment (SPA) #: 15-0018

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



March 14, 2016

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

RE: TN 15-018

Dear Mr. McCarthy:

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

Transmittal #15-018

Coverage and Limitations, and Payment for Services:
 Addition of new provider types to Other Licensed
 Practitioner services, and rate increase

- Effective Date: January 14, 2016

If you have any questions regarding this SPA, 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:

Sarah Curtin, ODM Carolyn Humphrey, ODM Becky Jackson, ODM Greg Niehoff, ODM

TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE
STATE PLAN MATERIAL	15-018 (Revised)	OHIO
FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES	3. PROGRAM IDENTIFICATION: TIT	LE XIX OF THE
	SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	01/14/16	
5. TYPE OF PLAN MATERIAL (Check One):		
3. TITE OF TERIA MATERIAL (CHECK ONE).		
□ 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:	7. FEDERAL BUDGET IMPACT:	
1905(a)(6) of the Act 42 CFR 440.60		112.12 thousands
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSI	148.80 thousands
6. THOS NOMBER OF THE FEAR SECTION OR ATTACHMENT.	OR ATTACHMENT (If Applicable):	
Attachment 3.1-A, Item 6-d-2, page 1 of 2	Attachment 3.1-A, Item 6-d-2, page 1 of 1 (TN 13-014)	
Attachment 3.1-A, Item 6-d-2, page 2 of 2 (new)	, , , , , , , , , , , , , , , , , , ,	(11, 12 011)
Attachment 4.19-B, Item 6-d-(2), page 1 of 2	Attachment 4.19-B, Item 6-d-(2), page 1 of 1 (TN 13-036)	
Attachment 4.19-B, Item 6-d-(2), page 2 of 2 (new)		
10. SUBJECT OF AMENDMENT: Coverage and Limitations and Payment for Services: Addition of New Provider Types to OLP, Rate		
Increase		
11. GOVERNOR'S REVIEW (Check One):		
GOVERNOR'S OFFICE REPORTED NO COMMENT	OTHER, AS SPECIFIED:	
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	The State Medicaid Director is the Governor's designee	
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		
12. SIGNATURE OF STATE AGENCY OFFICIAL	16. RETURN TO:	
13. TYPED NAME: John B. McCarthy	Carolyn Humphrey Ohio Department of Medicaid	
14. TITLE: STATE MEDICAID DIRECTOR	P.O. BOX 182709 Columbus, Ohio 43218	
15 DATE SUBMITTED. December 22 2015	Columbus, Onto 43216	
15. DATE SUBMITTED: December 22, 2015		
FOR REGIONAL OFFICE USE ONLY		
17. DATE RECEIVED:	18. DATE APPROVED:	2016
December 22, 2015 .	March 14, 2016	
PLAN APPROVED – ONE 19. EFFECTIVE DATE OF APPROVED MATERIAL:		
January 14, 2016	20. SIGNATURE OF REGIONAL OFF /s/	ICIAL:
21. TYPED NAME:	20. SIGNATURE OF REGIONAL OFF /s/ 22. TITLE:	
21. TYPED NAME: Ruth A. Hughes	20. SIGNATURE OF REGIONAL OFF /s/	
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21. TYPED NAME: Ruth A. Hughes	20. SIGNATURE OF REGIONAL OFF /s/ 22. TITLE:	

- 6. Medical care and any other types of remedial care recognized under state law furnished by licensed practitioners within the scope of their practice as defined by State law.
 - d. Other practitioners' services 42 CFR 440.60
 - 2. Non-Physician Licensed Behavioral Health Practitioners

A non-physician licensed behavioral health practitioner (NP-LBHP) is an individual who is licensed in the State of Ohio to prescribe, diagnose and/or treat behavioral health conditions, operating within the scope of practice defined in State law and in any setting permissible under State practice law.

NP-LBHPs include individuals licensed and able to practice independently as:

- · Licensed psychologists;
- · Licensed school psychologists;
- Licensed professional clinical counselors (LPCCs);
- Licensed independent social workers (LISWs); and
- Licensed independent marriage and family therapists (LIMFTs).

NP-LBHPs also include the following professionals, licensed by a professional Board in the state of Ohio and authorized to practice under full or partial clinical supervision of an advanced practice nurse or independent NP-LBHP as outlined in state law:

- · Licensed professional counselors;
- Licensed social workers; and
- Licensed marriage and family therapists.

NP-LBHPs also include the following professionals who are in licensure Board-approved training and under the supervision of a psychologist authorized to do so under state law:

• Doctoral psychology trainees.

NP-LBHPs also include the following professionals who are in licensure Board-approved training and under the supervision of an advanced practice nurse or independent NP-LBHP authorized to do so under state law:

- Registered counselor trainees;
- · Registered social work trainees; and
- Registered marriage and family therapist trainees.

Any practitioner other than licensed psychologists, LPCCs, LISWs, LIMFTs, and LICDCs providing behavioral health services must operate within a provider agency licensed, certified or designated by ODM or its designee in settings permissible by that designation.

TN: <u>15-018</u> Supersedes: TN: <u>13-014</u>

Approval Date: 3/14/16

Effective Date: 01/14/2016

- 6. Medical care and any other types of remedial care recognized under state law furnished by licensed practitioners within the scope of their practice as defined by State law.
 - d. Other practitioners' services 42 CFR 440.60
 - 2. Non-Physician Licensed Behavioral Health Practitioners

Limitations:

- 1. Psychological testing is limited to a maximum of eight hours per twelve-month period per recipient in a non-hospital setting.
- 2. Therapeutic visits and diagnostic interview examinations in excess of a combined 25 dates of service per recipient in a 12-month period in a non-hospital setting are not covered.
- 3. Diagnostic interview examinations will be limited to one per recipient per 12-month period and may not be billed on the same date of services as a therapeutic visit.

Additional services beyond the established limits may be allowed when medically necessary and approved through the prior authorization process.

A unit of service is defined according to the Current Procedural Terminology (CPT) or Healthcare Common Procedure Coding System (HCPCS) approved code set consistent with the National Correct Coding Initiative unless otherwise specified.

Beneficiaries younger than age twenty-one can access other psychologists' services without limitation when such services are medically necessary.

TN: 15-018 Supersedes: TN: New

Effective Date: 01/14/2016

Approval Date: 3/14/16

- 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.

All rates are published on the Ohio Department of Medicaid (ODM) Fee Schedule and Rates website at: http://medicaid.ohio.gov/providers/FeeScheduleandRates.aspx.

The agency's fee schedule rate was set as of January 14, 2016 and is effective for services provided on or after that date.

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;
- · School psychologists; and
- Doctoral psychology trainees who are under the supervision of a licensed psychologist.

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:

- Licensed professional clinical counselors (LPCCs);
- · Licensed independent social workers (LISWs); and
- Licensed independent marriage and family therapists (LIMFTs).

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 social workers;
- · Licensed marriage and family therapists;
- · Registered counselor trainees;
- · Registered social work trainees; and
- Registered marriage and family therapist trainees.

The State will pay 100% of the Medicaid maximum fee for psychological testing regardless of the eligible mental health professional providing the service.

TN: <u>15-018</u> Supersedes:

TN: 13-036

Approval Date: 3/14/16

Effective Date: 01/14/2016

- 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.
 - e. Other Licensed practitioners' services, continued.
 - (2) Non-Physician Licensed Behavioral Health Practitioners

Any practitioner other than licensed psychologists, LPCCs, LISWs, LIMFTs, and LICDCs providing behavioral health services must operate within a provider agency licensed, certified or designated by ODM or its designee in settings permissible by that designation.

TN: 15-018 Supersedes: TN: New Approval Date: 3/14/16

Effective Date: 01/14/2016