

## **Table of Contents**

**State/Territory Name: Ohio**

**State Plan Amendment (SPA) #: 22-0008**

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

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June 28, 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 22-0008

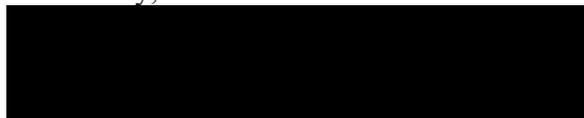
Dear Ms. Corcoran:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number 22-0008. This amendment proposes to establish coverage and payment for intensive home-based treatment (IHBT), which is a component of the OhioRISE program, under the early and periodic screening, diagnosis, and treatment benefit for individuals under age 21.

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 22-0008 was approved on June 23, 2022, with an effective date of March 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,



James G. Scott, Director  
Division of Program Operations

Enclosure

cc: Rebecca Jackson, ODM  
Gregory Niehoff, ODM  
Tiffany Williams, ODM  
Myla Adams, CMCS  
Deborah Benson, CMCS

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

1. TRANSMITTAL NUMBER <u>2 2</u> — <u>0 0 0 8</u>	2. STATE <u>OH</u>
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	

TO: CENTER DIRECTOR  
CENTERS FOR MEDICAID & CHIP SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
**March 1, 2022**

5. FEDERAL STATUTE/REGULATION CITATION  
42 CFR 440.40; 440.130, Sections 1905(a)(4)(B), 1905(a)(13) of the

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)  
a. FFY 2022 \$ 8,245  
b. FFY 2023 \$ 14,134

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
Attachment 3.1-A, Item 4-b, page 1  
Attachment 3.1-A, Item 4-b, page 2 (new)  
Attachment 4.19-B, Item 4-a, page 1 of 1 (new)  
Attachment 4.19-B, Item 4-b, page 1  
Attachment 4.19-B, Item 4-c, page 1 of 1 (new)

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  
Attachment 3.1-A, Item 4-b, page 1 of 1 (TN 17-035)  
Attachment 4.19-B, Item 4, page 1 of 1 (TN 16-021)

9. SUBJECT OF AMENDMENT  
**Early and periodic screening and diagnosis of individuals under 21 years of age, and treatment of conditions found - Intensive Hon**

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  


12. TYPED NAME **MAUREEN M. CORCORAN**

13. TITLE **STATE MEDICAID DIRECTOR**

14. DATE SUBMITTED  
**March 31, 2022**

15. RETURN TO  
**Greg Niehoff  
Ohio Department of Medicaid  
P.O. BOX 182709  
Columbus, Ohio 43218**

**FOR CMS USE ONLY**

16. DATE RECEIVED <b>March 31, 2022</b>	17. DATE APPROVED <b>06/23/2022</b>
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**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL <b>March 1, 2022</b>	19. SIGNATURE 
20. TYPED NAME OF APPROVING OFFICIAL <b>James G. Scott</b>	21. TITLE OF APPROVING OFFICIAL <b>Director, Division of Program Operations</b>

22. REMARKS

- 4-b. Early and periodic screening and diagnosis of individuals under 21 years of age, and treatment of conditions found.

Pursuant to Section 1905(r) of the Social Security Act, the following services rendered to a Medicaid-eligible individual younger than 21 years of age are covered:

- Screening services;
- Vision services;
- Dental services;
- Hearing services;
- All medically necessary screenings, health care, diagnostic services, treatment, and other measures described in 42 U.S.C. 1396d(a) to correct or ameliorate defects and physical and mental illnesses and conditions, regardless of whether such measures are covered by the Ohio Medicaid program.

Early and periodic screening, diagnostic, and treatment (EPSDT) services are covered at the following frequencies:

- For all services, at intervals that meet reasonable standards of medical or dental practice in accordance with the American Academy of Pediatrics Bright Futures Guidelines for Preventive Health Care at [https://www.aap.org/en-us/Documents/periodicity\\_schedule.pdf](https://www.aap.org/en-us/Documents/periodicity_schedule.pdf);
- For immunizations, in accordance with the periodicity schedule applicable to pediatric vaccines established by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention at <http://www.cdc.gov/vaccines/hcp/acip-recs/index.html>;
- For dental services provided to individuals older than six and younger than twenty-one, at least once every one hundred eighty days; and
- For all services, at such other intervals indicated as medically necessary to determine the existence of a suspected illness or condition.

Necessary additional medical services rendered during, as part of, or as a result of a screening visit are covered.

Coverage limits that have been established may be exceeded with prior authorization.

- 4-b. Early and periodic screening and diagnosis of individuals under 21 years of age, and treatment of conditions found.

#### Intensive Home Based Treatment

*Service Description:* Intensive home based treatment (IHBT) service is a comprehensive rehabilitative behavioral health service provided to a child/adolescent with serious emotional disturbance (SED) and their family, designed to treat mental health conditions that significantly impair functioning. IHBT may also be utilized for the treatment of children and adolescents that have co-occurring substance use or neurodevelopmental needs, when these needs co-occur with a mental health condition. IHBT is provided for the purpose of preventing out of home placement or facilitating a successful transition back home. IHBT integrates trauma-informed and resilience-focused assessment, crisis response, individual and family psychotherapy, service and resource coordination, and rehabilitative skill development with the goal of either preventing the out-of-home placement or facilitating a successful transition back to home. These intensive, time-limited behavioral health services are provided in the child/adolescent's natural environment with the purpose of stabilizing and improving their behavioral health functioning as documented using the Ohio specific child and adolescent needs and strengths (CANS) tool.

*Provider Qualifications:* IHBT is provided by an agency certified by the Ohio Department of Mental Health and Addiction Services (OhioMHAS). IHBT is provided by a team of practitioners operating within an agency sharing various responsibilities for the same child/adolescent and family. IHBT shall be provided by a team of practitioners who meet at least one of the following team compositions:

- A team comprised of two or more licensed practitioners operating in accordance with the scope of practice and supervisory requirements identified by the applicable licensing board.
- A hybrid team comprised of at least one licensed practitioner as described above; and
  - one qualified mental health specialist who holds a valid high school diploma or equivalent and has received training for or education in mental health and has demonstrated competencies in basic mental health skills; or
  - an OhioMHAS-certified peer supporter who demonstrates competency working with children or adolescents with SED and their families.

A qualified mental health specialist or certified peer supporter providing IHBT must be supervised by a licensed individual qualified to supervise the provision of IHBT within their scope of their practice.

4-a. Skilled Nursing Facility Services for Individuals Under 21 Years of Age or Older

Payment is made according to the provider type rendering service as described elsewhere in this attachment.

TN: 22-008  
Supersedes:  
TN: New

Approval Date: 06/23/2022  
Effective Date: 03/01/2022

4-b. Early and Periodic Screening Diagnosis of Individuals Under 21 Years of Age and Treatment of Conditions Found

Payment is made according to the provider type rendering service as described elsewhere in this attachment except for Intensive Home-Based Treatment (IHBT).

**Payment for IHBT**

Payment for IHBT, as described in Attachment 3.1-A Item 4-b, shall be the lesser of the billed charges or Medicaid maximum for the services.

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.

The agency's fee schedule for IHBT was set as of March 1, 2022 and effective for that service as of March 1, 2022. All rates and unit of service definitions 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>.

TN: 22-008

Supersedes:

TN: 16-021

Approval Date: 06/23/2022

Effective Date: 03/01/2022

4-c. Family Planning

Payment is made according to the provider type rendering service as described elsewhere in this attachment.

TN: 22-008  
Supersedes:  
TN: New

Approval Date: 06/23/2022  
Effective Date: 03/01/2022