

## **Table of Contents**

**State/Territory Name: Ohio**

**State Plan Amendment (SPA) #: 24-0017**

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  
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

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December 10, 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) 24-0017

Dear Director Corcoran:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0017. This amendment establishes coverage and payment provisions for preventive services provided by doula and lactation consultants under the state plan.

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 24-0017 was approved on December 9, 2024, effective October 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](mailto:Christine.Davidson@cms.hhs.gov).

Sincerely,

A black rectangular redaction box covers the signature of Ruth A. Hughes.

Ruth A. Hughes, Acting Director  
Division of Program Operations

Enclosures

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

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

1. TRANSMITTAL NUMBER

2 4 — 0 1 7

2. STATE

OH

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT

XIX  XXI

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

4. PROPOSED EFFECTIVE DATE

10/01/2024

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR 440.130(c) and 1905(a)(6) and (a)(13)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2025 \$ 1,961,463  
b. FFY 2026 \$ 3,663,975

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1-A, Item 6-d-10, page 1 of 1  
Attachment 3.1-A, Item 13-c, pages 1, 2, and 3  
Attachment 4.19-B, Item 6-d-(10), page 1 of 1  
Attachment 4.19-B, Item 13-c, page 1 of 1

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Attachment 3.1-A, Item 6-d-10, page 1 of 1 (TN 22-007)  
Attachment 3.1-A, Item 13-c, page 1 of 1 (TN 13-013)  
Attachment 4.19-B, Item 6-d-(10), page 1 of 1 (TN 23-042)  
Attachment 4.19-B, Item 13-c, page 1 of 1 (TN 23-042)

9. SUBJECT OF AMENDMENT

Coverage and Limitations and Payment for Services: Preventive Services (Doula, Lactation consultation)

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

[Redacted Signature]

12. TYPED NAME

MAUREEN M. CORCORAN

13. TITLE

STATE MEDICAID DIRECTOR

14. DATE SUBMITTED

October 29, 2024

15. RETURN TO

Greg Niehoff  
Ohio Department of Medicaid  
P.O. BOX 182709  
Columbus, Ohio 43218

**FOR CMS USE ONLY**

16. DATE RECEIVED

October 29, 2024

17. DATE APPROVED

12/09/2024

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL

October 1, 2024

19. SIGNATURE OF APPROVING OFFICIAL

[Redacted Signature]

20. TYPED NAME OF APPROVING OFFICIAL

Ruth A. Hughes

21. TITLE OF APPROVING OFFICIAL

Acting Director, Division of Program Operations

22. REMARKS

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.

d. Other practitioners' services

(10) Licensed registered nurses' (RN) services provided within their scope of practice under State law.

Licensed RNs certified by the Ohio Department of Health as nurse home visitors may render nurse home visiting services. Any RN providing nurse home visiting services must operate within an entity that is certified by Nurse Family Partnership of Ohio or a provider agency licensed, certified or designated by ODM or its designee.

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

c. Preventive services.

Preventive services are covered by Ohio Medicaid in accordance with Section 4106 of the Affordable Care Act and 42 CFR § 440.130(c).

All USPSTF grade A and B preventive services and approved vaccines recommended by ACIP, and their administration, are covered and reimbursed, without cost-sharing.

The State assures that it has documentation available to support the claiming of FMAP for all USPSTF grade A and B preventive services and approved vaccines recommended by ACIP, and their administration.

The State assures that it has a method to update coverage and billing codes to comply with any changes that are made to USPSTF or ACIP recommendations.

In addition to the services specified under section 4106 of the Affordable Care Act, Ohio covers, without cost-sharing, services specified under Public Health Service Act section 2713 which is in alignment with the Alternative Benefit Plan.

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

### **Doula Services**

The State covers doula services as a preventive service consistent with 42 CFR § 440.130(c) to promote positive maternal physical and mental health during the perinatal period. Doula services are considered medically necessary for all pregnant or postpartum Ohio Medicaid recipients. Services must be recommended by a physician or other licensed practitioner of the healing arts within their scope of practice.

Doula means a trained, nonmedical professional who advocates for and provides continuous physical, emotional, and informational support to a pregnant woman through the delivery of a child and immediately after the delivery, including during any of the following periods:

- The antepartum period;
- The intrapartum period; or
- The postpartum period.

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

c. Preventive services.

#### Qualified Providers

Qualified doula providers must be at least 18 years of age and possess a current certification by a doula training program or equivalent approved by the Ohio Board of Nursing.

Limitations: Doula services are limited to a total of 48 units in 15-minute increments from the date of confirmed conception or first prenatal visit to 12 months postpartum. Prior authorization may be requested if more services are needed.

#### Lactation Consultation Services

Lactation consultation services include education, counseling, and assistance for common breast-feeding issues, along with skilled, evidence-based care for complex lactation issues. Lactation consultation services may be provided in the perinatal period through infant weaning.

The State covers lactation consultation services as a preventive service for individuals who are pregnant or within a postpartum period. The services are provided as a preventive service consistent with 42 CFR § 440.130(c) and must be recommended by a physician or other licensed practitioner of the healing arts within their scope of practice under state law to promote the physical and mental health of the individual.

#### Qualified Providers

Lactation consultation services may be provided by qualified practitioners who have also obtained the International Board-Certified Lactation Consultant (IBCLC) certification.

Qualified providers include the following provider types:

- Registered Nurse
- Licensed Practical Nurse
- Dietitian
- Dentist
- Occupational Therapist
- Physical Therapist
- Speech Therapist
- Pharmacist

TN: 24-017

Supersedes:

TN: New

Approval Date: 12/09/2024

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

c. Preventive services.

Qualified providers not requiring IBCLC certification include the following provider types:

- Advanced practice registered nurse
- Physician
- Physician assistant

TN: 24-017

Supersedes:

TN: New

Approval Date: 12/09/2024

Effective Date: 10/01/2024

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.

d. Other practitioners' services

(10) Licensed registered nurses' (RN) services provided within their scope of practice under State law.

Payment for licensed RN services for home visiting services is made to the practitioner's employer or designated provider entity and is the lesser of the provider's submitted charge or the Medicaid maximum payment amount listed on Ohio Medicaid's Medicine, Surgery, Radiology and Imaging, and Additional Procedures (MSRIAP) payment schedule. The payment amounts were set as of January 1, 2024, and are effective for services provided on or after that date.

Payment schedules are published on Ohio Medicaid's website at:

<https://medicaid.ohio.gov/resources-for-providers/billing/fee-schedule-and-rates/fee-schedule-and-rates>.

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

TN: 24-017

Supersedes:

TN: 23-042

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

c. Preventive services.

Payment for preventive services is the lesser of the billed charge or an amount based on the Medicaid maximum for the service. The Medicaid maximum is the amount listed on the agency's Medicine, Surgery, Radiology and Imaging, and Additional Procedures (MSRIAP) fee schedule.

For a covered procedure, service, or supply represented by a new HCPCS procedure code, the initial maximum payment amount is set at 80% of the Medicare allowed amount.

All rates are published on the agency's website at <https://medicaid.ohio.gov/resources-for-providers/billing/fee-schedule-and-rates/fee-schedule-and-rates>.

The agency's fee schedule was set as of October 1, 2024, and is effective for services provided on or after that date.

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