

9. Clinic services.

Limited to nonprofit, public, or proprietary free-standing organizations designed to provide services on an outpatient basis. To be eligible to participate in the Medicaid program and to receive reimbursement for those services provided by an ambulatory health care center must meet one or more of the four standards as follows:

- A. The act of compliance with one of the following programs enables a clinic to be recognized for services rendered within the scope of that program:
 - 1. Joint Commission of the Accreditation of Hospitals.
 - 2. Planned Parenthood Affiliation of America.
 - 3. Ohio Department of Mental Health certification as an outpatient mental health facility.
 - 4. Medicare certification as a rehabilitation, diagnostic, or dialysis clinic.
 - 5. Council on Optometry Education of the American Optometric Association.
 - 6. Council on Dental Education of the American Dental Association.
 - 7. Commission on Accreditation of Rehabilitation Facilities.
 - 8. Ohio Department of Health recognition as an alcoholism outpatient and after-care services program.
- B. The legal status as a county health department, city health department, or combined health district enables a clinic to be recognized for services rendered within the scope of the service authorized by that legal status.
- C. The receipt of health services block grant funds under provisions of federal law (e.g., Public Law 92-35) enables a clinic to be recognized for services rendered within the scope of the programs funded by the block grant. Such programs include: community health services, preventative health and health services, alcohol, drug abuse, and mental health services; primary care; and maternal and child health services.

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9. Clinic services. (Continued)

- D. Compliance with requirements of the following paragraphs (4)(a) to (4)(d) enables a clinic to be recognized for services rendered within the scope of the Medicaid program which are not included in the scope of the programs identified in paragraphs (1) to (3) above.
1. The clinic offers service programs which meet one or more of the standards identified in paragraphs (1) to (3) above.
 2. The clinic provides documentation to the department showing that staff providing the services are employees of the clinic.
 3. The clinic submits documentation of current licensure, certification, or accreditation, as applicable, for staff who will provide the medical or rehabilitative service.
 4. The services offered by the clinic are rendered on an outpatient basis and are covered under the Medicaid program.

The visit and service limitations applied to physicians and other fee-for-service Medicaid providers are applied to clinics (see Attachment 3.1-A, Item 5, Pages 1 and 2).

Therapeutic visits to a speech therapist or psychologist in a clinic setting are limited to four visits per month. No additional visits are allowed.

This category also includes a public or nonprofit Outpatient Health Facility defined by the enacted Ohio Revised Code, Section 5101.512 and as certified under the Standards of Participation by the Ohio Department of Health.

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10. Dental services.

A number of the services provided require prior authorization by the Bureau of Medical Operations. Covered services are those listed in the State of Ohio Medicaid Handbook.

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11. Physical therapy and related services.

a. Physical therapy

Payment for physical medicine is made when prescribed by a physician, when provided by a home health agency, ambulatory care center, hospital outpatient, NURSING FACILITY or by an independent physical therapist in private practice.

Services must be provided within the scope and practice of the currently licensed physical therapist as defined in Ohio Law. Physical therapists in independent practice must also be certified under the Medicare program and must maintain an independent practice as defined and determined under Medicare.

Physical therapy services are limited to 48 physical medicine procedures, modalities or visits per patient per provider per year.

Coverage of physical medicine services provided by a licensed physical therapist or licensed mechanotherapist must meet conditions of medical necessity established by the department. Intermittent Positive Pressure Breathing, related respiratory or inhalation therapy services and activities of daily living and diversional activities are not covered.

PHYSICAL THERAPY IS COVERED AS A COST ITEM FOR RESIDENTS OF INTERMEDIATE CARE FACILITIES FOR THE MENTALLY RETARDED, AND AS A DIRECT-BILLED SERVICE FOR RESIDENTS OF NURSING FACILITIES.

b. Occupational therapy

As furnished by home health agency or by an outpatient hospital department, coverage is limited to four visits per month. Occupational therapy is covered as a cost item for RESIDENTS OF intermediate care facilities FOR THE MENTALLY RETARDED, AND AS A DIRECT-BILLED SERVICE FOR RESIDENTS OF NURSING FACILITIES.

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11. Physical therapy and related services.

- c. Services for Individuals with Speech, Hearing, and Language Disorders (provided by or under supervision of a speech pathologist or audiologist.)

Speech - As furnished by home health agency, outpatient hospital department or clinic, the maximum number of visits covered is four per month for patients in independent living arrangements.

Audiology - Limited to hearing exams, as provided by a physician or speech and hearing clinic facility.

Both speech and audiology services are covered as a cost item for RESIDENTS OF intermediate care facilities FOR THE MENTALLY RETARDED, AND AS DIRECT-BILLED SERVICES FOR RESIDENTS OF NURSING FACILITIES.

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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

COVERAGE OF PRESCRIPTION DRUGS MEETS ALL REPORTING REQUIREMENTS AND PROVISIONS OF SECTION 1927 OF THE SOCIAL SECURITY ACT.

b. Dentures

Requires prior authorization

c. Prosthetic devices

Requires prior authorization.

Hearing aid procurement depends on a physician's prescription and a report of hearing loss, if a hearing aid is recommended.

d. Eyeglasses

No spare eyeglasses or replacements due to personal preference. No trimmed frames. Certain other items require prior authorization.

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

d. Rehabilitative services

1. COMMUNITY MENTAL HEALTH SERVICES PROVIDED BY COMMUNITY MENTAL HEALTH FACILITIES

Eligible Provider: Limited to an organization which agency provides, either directly or through contracted arrangement, a selected range of mental health services to persons with mental, related emotional, or behavioral disorders, and which has a contract with a community mental health board in conformity with Chapters 5122-23 to 5122-29 of the Ohio Administrative Code. The Department of Mental Health may also be an eligible provider when performing services in accordance with Chapter 5123-23 to 5122-29 of the Administrative Code.

COVERAGE AND LIMITATION POLICIES:

Covered mental health services are limited to those services identified in Section 5111.022 of the Revised Code and recognized in 42 CFR 440.130(d). A community mental health facility may provide all or some of the following covered services:

(i) Counseling and Psychotherapy;

COUNSELING AND PSYCHOTHERAPY SERVICES ARE THOSE FACE-TO-FACE INTERACTIONS, USUALLY VERBAL, WITH A PERSON SERVED IN WHICH THE FOCUS IS ON TREATMENT OF THE PERSON'S MENTAL ILLNESS OR EMOTIONAL DISTURBANCE. WHEN THE PERSON SERVED IS A CHILD OR ADOLESCENT, THE FACE-TO-FACE INTERACTION MAY ALSO BE WITH FAMILY MEMBERS AND/OR PARENT, GUARDIAN AND SUFFICIENT OTHERS WHEN THE INTENDED OUTCOME IS IMPROVED FUNCTIONING OF THE CHILD OR ADOLESCENT AND WHEN SUCH INTERVENTIONS ARE PART OF THE ISP. PROVIDERS OF COUNSELING AND PSYCHOTHERAPY SERVICES ARE THOSE INDIVIDUALS ELIGIBLE TO PROVIDE OR SUPERVISE SUCH SERVICES IN ACCORDANCE WITH STATE PROFESSIONAL LICENSURE, CERTIFICATION AND REGISTRATION REQUIREMENTS.

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

d. Rehabilitative services (Continued)

1. COMMUNITY MENTAL HEALTH SERVICES PROVIDED BY COMMUNITY MENTAL HEALTH FACILITIES Continued

(ii) Diagnostic Assessment;

A "DIAGNOSTIC ASSESSMENT" INCLUDES AN INTENSIVE CLINICAL EVALUATION OF A PERSON AND MAY INCLUDE THE ISSUANCE OF A FORMAL REPORT. THE FOCUS MAY BE ON DETERMINATION OF FUNCTIONAL LEVEL, PSYCHOLOGICAL STATE, FORMULATION OF A DIAGNOSTIC IMPRESSION, ASSESSMENT OF NEED, OR ASSESSMENT OF PHYSICAL HEALTH STATUS. PROVIDERS OF DIAGNOSTIC ASSESSMENTS ARE INDIVIDUALS ELIGIBLE TO PROVIDE OR SUPERVISE SUCH SERVICES IN ACCORDANCE WITH STATE PROFESSIONAL LICENSURE, CERTIFICATION AND REGISTRATION REQUIREMENTS.

(iii) Medication and Somatic Treatment;

"MEDICATION AND SOMATIC TREATMENT SERVICES" ARE MEDICAL INTERVENTIONS, INCLUDING PHYSICAL EXAMINATION, PRESCRIPTION OR SUPERVISION OF MEDICATION, AND MEDICAL INTERVENTIONS TO ADDRESS THE PHYSICAL HEALTH NEEDS OF THE PERSON SERVICED. PROVIDERS OF MEDICATION AND SOMATIC TREATMENT SERVICES ARE INDIVIDUALS ELIGIBLE TO PROVIDE OR SUPERVISE SUCH SERVICES IN ACCORDANCE WITH STATE PROFESSIONAL LICENSURE, CERTIFICATION AND REGISTRATION REQUIREMENTS.

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

d. Rehabilitative services (Continued)

1. COMMUNITY MENTAL HEALTH SERVICES PROVIDED BY COMMUNITY MENTAL HEALTH FACILITIES (Continued)

(iv) Partial Hospitalization;

"PARTIAL HOSPITALIZATION SERVICES ARE STRUCTURED INDIVIDUAL CLIENT AND GROUP ACTIVITIES AND THERAPIES THAT ARE PLANNED AND GOAL-ORIENTED, AND ARE SPECIFIED IN A COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN. PARTIAL HOSPITALIZATION SERVICE IS AN AMBULATORY MODALITY THAT OFFERS, ON A LESS THAN 24 HOUR BASIS, THE DIAGNOSTIC, THERAPEUTIC, AND REHABILITATION SERVICES ORDINARILY PROVIDED IN A COMPREHENSIVE PSYCHIATRIC INPATIENT HOSPITAL UNIT OR RESIDENTIAL SERVICES. PROVIDERS OF PARTIAL HOSPITALIZATION SERVICES ARE THOSE INDIVIDUALS ELIGIBLE TO PROVIDE OR SUPERVISE SUCH SERVICES IN ACCORDANCE WITH STATE PROFESSIONAL LICENSURE, CERTIFICATION AND REGISTRATION REQUIREMENTS.

(v) Prehospitalization Screening;

"PREHOSPITALIZATION SCREENING" IS THE ASSESSMENT OF A PERSON'S NEED FOR PSYCHIATRIC HOSPITALIZATION IN ORDER TO ASSURE THAT LESS RESTRICTIVE ALTERNATIVE PLACEMENTS ARE CONSIDERED AND USED WHEN APPROPRIATE. PROVIDERS OF PREHOSPITALIZATION SCREENING ARE THOSE INDIVIDUALS ELIGIBLE TO PROVIDE OR SUPERVISE SUCH SERVICES IN ACCORDANCE WITH STATE PROFESSIONAL LICENSURE, CERTIFICATION AND REGISTRATION REQUIREMENTS.

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

d. Rehabilitative services (Continued)

1. COMMUNITY MENTAL HEALTH SERVICES PROVIDED BY COMMUNITY MENTAL HEALTH FACILITIES (Continued)

(vi) Crisis Intervention; and

A "CRISIS INTERVENTION SERVICE" IS A FACE-TO-FACE RESPONSE TO A CRISIS OR EMERGENCY SITUATION EXPERIENCED BY AN INDIVIDUAL, SIGNIFICANT OTHERS, OR COMMUNITY SYSTEM. PROVIDERS OF CRISIS INTERVENTION SERVICES ARE THOSE INDIVIDUALS ELIGIBLE TO PROVIDE OR SUPERVISE SUCH SERVICES IN ACCORDANCE WITH STATE PROFESSIONAL LICENSURE, CERTIFICATION AND REGISTRATION REQUIREMENTS.

(vii) COMMUNITY SUPPORT PROGRAM SERVICES SHALL CONSIST OF THE REHABILITATIVE, ENVIRONMENTAL SUPPORT ACTIVITIES WHICH ARE CONSIDERED ESSENTIAL IN THE PROVISION OF REHABILITATION SERVICES INTENDED FOR MAXIMUM REDUCTION OF SYMPTOMS OF PSYCHIATRIC ILLNESS TO RESTORE THE PERSON SERVED TO THE BEST POSSIBLE FUNCTIONAL LEVEL; AND WHICH ARE IDENTIFIED IN THE ISP OF THE PERSON SERVED. PROVIDERS OF COMMUNITY SUPPORT SERVICES ARE THOSE INDIVIDUALS ELIGIBLE TO PROVIDE OR SUPERVISE SUCH SERVICES IN ACCORDANCE WITH STATE PROFESSIONAL LICENSURE, CERTIFICATION AND REGISTRATION REQUIREMENTS. THE COMMUNITY SUPPORT PROGRAM CONSISTS OF THE FOLLOWING SERVICES:

a. PERFORMANCE OF NECESSARY EVALUATIONS AND ASSESSMENTS TO IDENTIFY BARRIERS THAT IMPEDE THE DEVELOPMENT OF SKILLS NECESSARY FOR INDEPENDENT FUNCTIONING IN THE COMMUNITY.

b. PARTICIPATION IN THE DEVELOPMENT OF THE PERSON'S "ISP";

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