

State of Ohio  
AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND  
SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

24. Any other medical care or remedial care recognized under State law and specified by the Secretary.

24-a. Transportation

Provided:             No limitations             With limitations\*  
 Not Provided

24-b. Services Furnished in a Religious Nonmedical Health Care Institution

Provided:             No limitations             With limitations\*  
 Not Provided

24-c. Affiliations

Provided:             No limitations             With limitations\*  
 Not Provided

24-d. Skilled Nursing Facility Services for Individuals Under Age 21

Provided:             No limitations             With limitations\*  
 Not Provided

24-e. Emergency Hospital Services

Provided:             No limitations             With limitations\*  
 Not Provided

24-f. Personal Care Services

Provided:             No limitations             With limitations\*  
 Not Provided

24-g. Critical Access Hospital (CAH) Services

Provided:             No limitations             With limitations\*  
 Not Provided

\*Description provided on attachment

Transmittal Number 09-010  
Supersedes  
Transmittal Number 91-20

Approval Date: **SEP 23 2011**  
Effective Date: 8/1/09

24. Any other medical care or remedial care recognized under State law and specified by the Secretary.

24-a. Transportation

Transportation provided by nursing facilities for their recipient-residents, including NEMT, is included as a part of nursing facility services. Nursing facilities receive a per diem amount that includes payment for all transportation services and are responsible for ensuring that their recipient-residents obtain those transportation services. Such services are paid for by the nursing facilities and are not eligible for reimbursement on a fee-for-service basis. For dates of service beginning 08/18/2009 and ending 09/30/2009, however, transportation providers may submit claims directly on a fee-for-service basis for providing transportation services to nursing facility residents.

Recipients who are not residents of a nursing facility and who do not require ambulance services may request assistance through the local County Department of Job and Family Services (CDJFS) in securing transportation to or from Medicaid-coverable services. Assistance may be given if no other resources are readily available to a recipient. For each recipient who requests transportation assistance, the CDJFS must select the most cost-effective type of assistance that is appropriate to the recipient's medical condition and enables the recipient to access Medicaid-coverable services in a timely manner.

Appropriate ambulance services, including air ambulance services, are covered on a fee-for-service basis for any recipient who meets at least one of three criteria:

- (i) The individual requires continuous medical supervision or treatment during transport;
- (ii) The individual requires supervised protective restraint during transport; or
- (iii) The individual must remain supine or prone, can be moved only by stretcher, or cannot be safely transported in a seated position.

Appropriate wheelchair van services are covered on a fee-for-service basis for recipients who do not require ambulance services but who do require transport by wheelchair-accessible vehicle to or from Medicaid-coverable services.

Transportation provided on a fee-for-service basis and transportation assistance furnished through the CDJFS are subject to certain limitations:

- (i) The recipient must be Medicaid-eligible at the time of service.
- (ii) The medical service received by the consumer must be either reimbursable under Medicaid or ancillary to a Medicaid-reimbursable service. Hence, the entity furnishing the medical service must be a Medicaid provider.
- (iii) Fee-for-service trips to or from unusual locations require prior approval. For each type of transport, combinations of trip origin and destination that do not require prior approval are spelled out in the administrative rules or in published provider billing information.
- (iv) For each transport by wheelchair van and of each non-emergency transport by ground ambulance, the transportation provider must obtain certification by a licensed practitioner that the transport is necessary. Without such certification, the provider is not entitled to reimbursement.

24. Any other medical care or remedial care recognized under State law and specified by the Secretary.

24-b. Services Furnished in a Religious Nonmedical Health Care Institution

A religious nonmedical health care institution may participate as a long-term care facility in the Ohio Medicaid program if it is licensed as a nursing facility (NF) or intermediate care facility (ICF) and offers only NF or ICF services.

---

Transmittal Number 09-010

Supersedes

Transmittal Number 90-45

Approval Date:

**SEP 23 2011**

Effective Date: 8/1/09

State of Ohio

Attachment 3.1-A

Item 24-c

Page 1 of 1

24. Any other medical care or remedial care recognized under State law and specified by the Secretary.

24-c. Affiliations

This item is not applicable.

---

Transmittal Number 09-010

Supersedes

Transmittal Number 90-45

Approval Date:

**SEP 23 2011**

Effective Date: 8/1/09

24. Any other medical care or remedial care recognized under State law and specified by the Secretary.

24-d. Skilled Nursing Facility Services for Individuals Under Age 21

Covered services are the same as for individuals 21 years of age or older.  
(See Attachment 3.1-A, Pre-Print Page 1, Item 4-a.)

---

Transmittal Number 09-010

Supersedes

Transmittal Number 90-45

Approval Date:

**SEP 23 2011**

Effective Date: 8/1/09

24. Any other medical care or remedial care recognized under State law and specified by the Secretary.

24-e. Emergency Hospital Services

These services are covered when they are necessary to prevent the death of the individual or serious impairment to the individual's health, even if the facility neither currently satisfies Title XVIII requirements for Medicare nor provides services that meet the definitions of inpatient or outpatient hospital services. Coverage applies to the period of emergency only.

---

Transmittal Number 09-010

Supersedes

Transmittal Number 90-45

Approval Date:

**SEP 23 2011**

Effective Date: 8/1/09

State of Ohio

Attachment 3.1-A

Item 24-f

Page 1 of 1

24. Any other medical care or remedial care recognized under State law and specified by the Secretary.

24-f. Personal Care Services

This item is not applicable.

---

Transmittal Number 09-010

Supersedes

Transmittal Number 90-45

Approval Date:

**SEP 23 2011**

Effective Date: 8/1/09



24. Any other medical care or remedial care recognized under State law and specified by the Secretary.

24-g. Critical Access Hospital (CAH) Services

This item is not applicable.

---

Transmittal Number 09-010

Supersedes

Transmittal Number 90-45

Approval Date:

**SEP 23 2011**

Effective Date: 8/1/09

[This page is reserved and has been intentionally left blank.]

---

Transmittal Number 09-010  
Supersedes  
Transmittal Number NEW

Approval Date: **SEP 23 2011**  
Effective Date: 8/1/09

Methods for Assuring Transportation

~~Ambulance and Related Services. Ambulance or ambulette and invalid coach services are available under Title XIX.~~

~~When other types of transportation are required for receiving medical care or treatment and will not adversely affect the individual, county departments of human services administer transportation services to recipients in need of such. When transportation services other than covered ambulance or ambulette services are required for residents of long term care facilities, the long term care facilities are responsible for administering such.~~

Under 42 CFR 431.53, the Ohio Medicaid program is required to assure recipients of necessary transportation to or from Medicaid-coverable services.)

Transportation provided by nursing facilities for their recipient-residents, including NEMT, is included as a part of nursing facility services. Nursing facilities receive a per diem amount that includes payment for all transportation services and are responsible for ensuring that their recipient-residents obtain those transportation services. Such services are paid for by the nursing facilities and are not eligible for reimbursement on a fee-for-service basis. For dates of service beginning 08/18/2009 and ending 09/30/2009, however, transportation providers may submit claims directly on a fee-for-service basis for providing transportation services to nursing facility residents.

Appropriate ambulance services and wheelchair van services are available under Title XIX on a fee-for-service basis to recipients who are not residents of a nursing facility.

Recipients who are not residents of a nursing facility and who do not require ambulance services may request assistance through the local County Department of Job and Family Services (CDJFS) in securing transportation to or from Medicaid-coverable services. Assistance may be given if no other resources are readily available to a recipient. For each recipient who requests transportation assistance, the CDJFS must select the most cost-effective type of assistance that is appropriate to the recipient's medical condition and enables the recipient to access Medicaid-coverable services in a timely manner. Each CDJFS may offer transportation assistance in the form of payment for services or items such as actual transport of the recipient, fuel, fares, mileage reimbursement, and (when appropriate) the support services of a personal assistant, necessary travel-related expenses, and transport of a parent or guardian accompanying a recipient younger than 21.

Transmittal Number 09-010  
Supersedes  
Transmittal Number 93-38

Approval Date: **SEP 23 2011**  
Effective Date: 8/1/09

24. Any other medical care or remedial care recognized under State law and specified by the Secretary.

24-a. Transportation

For services covered on a fee-for-service basis, payment is the lesser of the billed charge or the Medicaid maximum for the particular service according to the department's fee schedule, which is updated periodically.

Rates and fees can be found by accessing the agency's website at [jfs.ohio.gov/OHP/provider.stm](http://jfs.ohio.gov/OHP/provider.stm). The rates available at this website include all annual or periodic adjustments to the fee schedule. The agency's fee schedule was set as of July 1, 2008, 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.

Transportation provided by nursing facilities for their recipient-residents is included as a part of nursing facility services. Nursing facilities receive a per diem amount that includes payment for all transportation services and are responsible for ensuring that their recipient-residents obtain those transportation services. Such services are paid for by the nursing facilities and are not eligible for reimbursement on a fee-for-service basis. For dates of service beginning 08/18/2009 and ending 09/30/2009, however, transportation providers may submit claims directly on a fee-for-service basis for providing transportation services to nursing facility residents.

---

Transmittal Number 09-010

Supersedes

Transmittal Number 90-45

Approval Date:

**SEP 23 2011**

Effective Date: 8/1/09

24. Any other medical care or remedial care recognized under State law and specified by the Secretary.

24-b. Services Furnished in a Religious Nonmedical Health Care Institution

Payment is the same as it is for any nursing facility (NF) or intermediate care facility (ICF).

State of Ohio

Attachment 4.19-B

Item 24-c

Page 1 of 1

24. Any other medical care or remedial care recognized under State law and specified by the Secretary.

24-c. Affiliations

This item is not applicable.

---

Transmittal Number 09-010

Supersedes

Transmittal Number 90-45

Approval Date:

**SEP 23 2011**

Effective Date: 8/1/09

State of Ohio

Attachment 4.19-B

Item 24-d

Page 1 of 1

24. Any other medical care or remedial care recognized under State law and specified by the Secretary.

24-d. Skilled Nursing Facility Services for Individuals Under Age 21

Payment is the same for services provided to individuals younger than 21 as it is for services provided to individuals 21 years of age or older.

---

Transmittal Number 09-010

Supersedes

Transmittal Number 90-45

Approval Date:

**SEP 23 2011**

Effective Date: 8/1/09

State of Ohio

Attachment 4.19-B

Item 24-e

Page 1 of 1

24. Any other medical care or remedial care recognized under State law and specified by the Secretary.

24-e. Emergency Hospital Services

Payment is made on the same basis as for out-of-state hospital services.  
(See Attachment 4.19-A.)

---

Transmittal Number 09-010

Supersedes

Transmittal Number 90-45

Approval Date:

**SEP 23 2011**

Effective Date: 8/1/09



State of Ohio

Attachment 4.19-B

Item 24-f

Page 1 of 1

24. Any other medical care or remedial care recognized under State law and specified by the Secretary.

24-f. Personal Care Services

This item is not applicable.

---

Transmittal Number 09-010

Supersedes

Transmittal Number 90-45

Approval Date:

**SEP 23 2011**

Effective Date: 8/1/09

State of Ohio

Attachment 4.19-B

Item 24-g

Page 1 of 1

24. Any other medical care or remedial care recognized under State law and specified by the Secretary.

24-g. Critical Access Hospital (CAH) Services

This item is not applicable.

---

Transmittal Number 09-010

Supersedes

Transmittal Number 90-45

Approval Date:

**SEP 23 2011**

Effective Date: 8/1/09