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State/Territory Name: OH

State Plan Amendment (SPA) #: 13-037

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
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850



Financial Management Group

FEB 03 2016

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

RE: Ohio State Plan Amendment (SPA) 13-037

Dear Mr. McCarthy:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State plan submitted under transmittal number (TN) 13-037. Effective for services October 1, 2013, this amendment proposes to implement an outlier for ICF/IIDs that are qualified to accept ventilator dependent individuals under the age of 22 years.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903(a) of the Social Security Act and the regulations at 42 CFR 447 Subpart C. We hereby inform you that Medicaid State plan amendment 13-037 is approved effective October 1, 2013. We are enclosing the Form CMS-179 and the amended plan pages.



If you have any questions, please call Fredrick Sebree, of my staff, at (217) 492-4122 or by email at Fredrick.sebree@cms.hhs.gov.

Sincerely,

A solid black rectangular box redacting the signature of Kristin Fan.

Kristin Fan
Director

Enclosure

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 13-037 (Revised)	2. STATE OHIO
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE October 1, 2013	
5. TYPE OF PLAN MATERIAL (<i>Check One</i>):			
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (<i>Separate Transmittal for each amendment</i>)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 440.150 42 CFR 447 Subpart C 42 CFR 483 Subpart I		7. FEDERAL BUDGET IMPACT: a. FFY 2014 \$ 2,079.66 thousands b. FFY 2015 \$ 2,079.66 thousands	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-D, Supplement 2, Page 20		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Attachment 4.19-D, Supplement 2, Page 20 (TN 13-020)	
10. SUBJECT OF AMENDMENT: Payment for services: Intermediate care facility services - Pediatric ventilator outlier			
11. GOVERNOR'S REVIEW (<i>Check One</i>):			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: The State Medicaid Director is the Governor's designee	
12. SIGNATURE OF STATE: 		16. RETURN TO:	
13. TYPED NAME: John B. McCarthy		Carolyn Humphrey	
14. TITLE: STATE MEDICAID DIRECTOR		Ohio Department of Medicaid	
15. DATE SUBMITTED: 12/31/13		P.O. BOX 182709	
		Columbus, Ohio 43218	
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED:		18. DATE APPROVED: FEB 03 2016	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: OCT 01 2013		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Kristin Fan		22. TITLE: Director, FMC	
23. REMARKS:			

Instructions on Back

Outlier

An outlier is a facility or unit in a facility serving residents with diagnoses or special care needs that require direct care resources not measured adequately by the Individual Assessment Form or who serve residents with special care needs otherwise qualifying for consideration. An outlier rate is a contracted rate and may differ from standard rates as follows:

- 1) For the Behavioral Redirection and Medical Monitoring (BRMM) outlier, the State will contract with the intermediate care facility to set initial and subsequent rates. Rates are negotiated, comprised of the same rate components as standard rates (direct, indirect, other protected and capital) and are based on provider costs and inpatient days. The basis for the negotiations is the actual cost to the provider of services rendered. The rate has been set for state fiscal year 2014 at \$463.82 per bed per day.
- 2) For the Pediatric Ventilator Services outlier, the State provides an add-on payment of \$300 per day for each individual authorized to receive pediatric ventilator services in the facility. The \$300 is multiplied by the number of individuals in the facility authorized for pediatric ventilator services divided by the total Medicaid certified beds in the facility to get to the amount of the add-on to the provider's per diem rate.

Individuals must receive prior approval from the Department of Developmental Disabilities for outlier services.

TN: 13-037
Supersedes:
TN: 13-020

Approval Date: **FEB 03 2016**
Effective Date: 10/01/2013