

Table of Contents

State/Territory Name: OH

State Plan Amendment (SPA) #: 14-016

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



SEP 14 2015

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) 14-016

Dear Mr. McCarthy:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State plan submitted under transmittal number (TN) 14-016. Effective September 15, 2014, This SPA proposes to revise the quality incentive measures for nursing facilities and the related quality incentive payment methodology has been modified.


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 14-016 is approved effective September 15, 2014. We are enclosing the HCFA-179 and the amended plan pages.

If you have any questions, please call Fred Sebree at (217) 492-4122.



Sincerely,

A large black rectangular redaction box covers the signature area of the letter.

Timothy Hill
Director

A smaller black rectangular redaction box covers the name of the sender, Timothy Hill.

Enclosure

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 14-016	2. STATE OHIO
FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE September 15, 2014	
5. TYPE OF PLAN MATERIAL (Check One):			
<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 (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: Section 1902(a)(30)(A) of the Social Security Act Section 1902(a)(13)(A) of the Social Security Act 42 C.F.R. 447.205 42 C.F.R. 483.15 42 C.F.R. 483.25		7. FEDERAL BUDGET IMPACT: a. FFY 2015 \$0 thousands b. FFY 2016 \$0 thousands	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: <u>Attachment 4.19-D, Supplement 1:</u> Section 001.17, page 1 of 3 Section 001.17, pages 2-3 of 3 (NEW) Section 001.18, page 1 of 1		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): <u>Attachment 4.19-D, Supplement 1:</u> Section 001.17, page 1 of 1 (TN 11-022) Section 001.18, page 1 of 1 (TN 11-022)	
10. SUBJECT OF AMENDMENT: Nursing Facility Services: Payment for Services - Quality Incentives			
11. GOVERNOR'S REVIEW (Check One):			
<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 AGENCY OFFICIAL: 		16. RETURN TO: Becky Jackson Ohio Department of Medicaid P.O. BOX 182709 Columbus, Ohio 43218	
13. TYPED NAME: John B. McCarthy			
14. TITLE: STATE MEDICAID DIRECTOR			
15. DATE SUBMITTED: 9/30/2014			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED:		18. DATE APPROVED: SEP 14 2015	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: Sept 15, 2014		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Kristin Fan		22. TITLE: Deputy Director, PUC	
23. REMARKS:			

Instructions on Back

Quality Incentive Payment**Accountability Measures**

The rate for each facility includes a quality incentive payment based on specific accountability measures.

For state fiscal year 2015 and each state fiscal year thereafter, each facility shall be awarded one point for each of the following accountability measures it meets:

- 1) The facility's overall score on its resident satisfaction survey is at least 87.5.
- 2) The facility's overall score on its family satisfaction survey is at least 85.9.
- 3) The facility satisfies the requirements for participation in the Advancing Excellence in America's Nursing Homes campaign.
- 4) Both of the following apply to the facility:
 - a) The facility had not been listed on table B of the special focus facility list for 18 or more consecutive months during any time during the calendar year immediately preceding the fiscal year for which the point is to be awarded.
 - b) The facility had neither of the following on the facility's most recent standard survey conducted not later than the last day of the calendar year immediately preceding the fiscal year for which the point is to be awarded, or any complaint surveys conducted in the calendar year immediately preceding the fiscal year for which the point is to be awarded:
 - i) A health deficiency with a scope and severity level greater than F;
 - ii) A deficiency that constitutes a substandard quality of care.
- 5) The facility does all of the following:
 - a) Offers at least 50% of its residents at least one of the following dining choices for at least two meals each day:
 - i) Restaurant-style dining in which food is brought from the food preparation area to residents per the residents' orders;
 - ii) Buffet-style dining in which residents obtain their own food, or have the facility's staff bring food to them per the residents' directions from the buffet;
 - iii) Family-style dining in which food is served on a serving dish and shared by residents;
 - iv) Open dining in which residents have at least a two-hour period to choose when to have a meal;
 - v) 24-hour dining in which residents may order meals from the facility any time of the day.
 - b) Maintains a written policy specifying the manners in which residents' dining choices for meals are offered;
 - c) Communicates the dining policy to its staff, residents, and families of residents.
- 6) The facility does all of the following:
 - a) Enables at least 50% of the facility's residents to take a bath or shower when they choose;
 - b) Maintains a written policy regarding residents' bathing choices;

TN 14-016 Approval Date SEP 14 2013
Supersedes

TN 11-022 Effective Date 9/15/14

- c) Communicates the bathing policy to its staff, residents, and families of residents.
- 7) The facility has at least both of the following scores on its resident satisfaction survey:
- a) Regarding residents' ability to choose when to go to bed in the evening, at least 89;
 - b) Regarding residents' ability to choose when to get out of bed in the morning, at least 76.
- 8) The facility has at least both of the following scores on its family satisfaction survey:
- a) Regarding residents' ability to choose when to go to bed in the evening, at least 88;
 - b) Regarding residents' ability to choose when to get out of bed in the morning, at least 75.
- 9) Not more than 13.35 % of the facility's long-stay residents report severe to moderate pain during the MDS assessment process.
- 10) Not more than 5.16 % of the facility's long-stay, high-risk residents have been assessed as having one or more stage two, three, or four pressure ulcers during the MDS assessment process.
- 11) Not more than 1.52 % of the facility's long-stay residents were physically restrained as reported during the MDS assessment process.
- 12) Less than 7% of the facility's long-stay residents had a urinary tract infection as reported during the MDS assessment process.
- 13) The facility does both of the following:
- a) Uses a tool for tracking residents' admissions to hospitals;
 - b) Annually reports data on hospital admissions by month for all residents to the Department of Medicaid.
- 14) Both of the following apply:
- a) At least 95% of the facility's long-stay residents are vaccinated against pneumococcal pneumonia, decline the vaccination, or are not vaccinated because the vaccination is medically contraindicated.
 - b) At least 93% of the facility's long-stay residents are vaccinated against seasonal influenza, decline the vaccination, or are not vaccinated because the vaccination is medically contraindicated.
- 15) An average of at least 50% of the facility's Medicaid-certified beds are in either, or in a combination of both, of the following:
- a) Private rooms;
 - b) Semiprivate rooms to which all of the following apply:
 - i) Each room provides a distinct territory for each resident occupying the room.
 - ii) Each distinct territory has a window and is separated by a substantial wall from the other distinct territories in the room.
 - iii) Each resident is able to enter and exit the distinct territory of the resident's room without entering or exiting another resident's distinct territory.

- iv) Complete visual privacy for each distinct territory may be obtained by drawing a curtain or other screen.
- 16) The facility obtains at least a 95% compliance rate with requesting resident reviews required by 42 C.F.R. 483.106(b)(2)(ii) for individuals who are exempted hospital discharges.
- 17) The facility does both of the following:
 - a) Maintains a written policy that requires consistent assignment of nurse aides and specifies the goal of having a resident receive nurse aide care from not more than 12 different nurse aides during a 30-day period;
 - b) Communicates the nurse aide assignment policy to its staff, residents, and families of residents.
- 18) The facility's staff retention rate is at least 75%.
- 19) The facility's turnover rate for nurse aides is not higher than 65%.
- 20) For at least 50% of the resident care conferences in the facility, a nurse aide who is a primary caregiver for the resident attends and participates in the conference.
- 21) **(For State Fiscal Year 2015 Only; Effective July 1, 2014 Through June 30, 2015):** All of the following apply to the facility:
 - a) At least 75% of the facility's residents have the opportunity, following admission to the facility and before completing or quarterly updating their individual plans of care, to discuss their goals for the care they are to receive at the facility, including their preferences for advance care planning, with a member of the residents' health care teams that the facility, residents, and residents' sponsors consider appropriate.
 - b) The facility records the residents' care goals, including the residents' advance care planning preferences, in their medical records.
 - c) The facility uses the residents' care goals, including the residents' advance care planning preferences, in the development of the residents' individual plans of care.
- 22) **(For State Fiscal Year 2015 Only; Effective July 1, 2014 Through June 30, 2015):** The facility does both of the following:
 - a) Maintains a written policy that prohibits the use of overhead paging systems or limits the use of overhead paging systems to emergencies, as defined in the policy;
 - b) Communicates the overhead paging policy to its staff, residents, and families of residents.
- 23) **(For State Fiscal Year 2016 and Thereafter; Effective July 1, 2015 and Thereafter):** The facility employs, for at least 40 hours per week, at least one independent social worker or social worker licensed under applicable state laws.
- 24) **(For State Fiscal Year 2016 and Thereafter; Effective July 1, 2015 and Thereafter):** The facility utilizes a person-centered method of medication delivery for its residents instead of utilizing a medication cart to deliver medication to its residents.

Calculation of the Quality Incentive Payment

Each state fiscal year, the quality incentive payment shall be the product of the number of points awarded to each facility for meeting the appropriate set of accountability measures and \$3.29, subject to the following limitations:

For state fiscal year 2015 and thereafter, the maximum quality incentive payment that may be paid to a nursing facility provider for meeting the 2015 set of accountability measures as identified in section 001.17 of Attachment 4.19-D, Supplement 1 shall be as follows:

- 1) \$16.44 per Medicaid day if at least one of the points awarded is for clinical accountability measures 9, 10, 11, 12, 13, or 14.
- 2) \$13.16 per Medicaid day if the criteria in paragraph 1) above are not met.

TN 14-016 Approval Date SEP 14 2015
Supersedes
TN 11-022 Effective Date 9/15/14
