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State/Territory Name: OH

State Plan Amendment (SPA) #: 14-023

This file contains the following documents in the order listed:

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850

SEP 17 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) 14-023

Dear Mr. McCarthy:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State plan submitted under transmittal number (TN) 14-023. Effective October 3, 2014, this SPA proposes to modify provisions in attachment 3.1-A, attachment 4.19-D, supplement 1, and attachment 4.28 as a result of the States 5 year review of Ohio's administrative code rules.

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 14-023 is approved effective October 3, 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,

[redacted]

Timothy Hill [redacted]
Director

Enclosure

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: **14-023**	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 October 3, 2014	

5. TYPE OF PLAN MATERIAL *(Check One)*:

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ **AMENDMENT**

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT *(Separate Transmittal for each amendment)*

6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:
Section 1902(a)(30)(A) of the Social Security Act Section 1902(a)(13)(A) of the Social Security Act 42 C.F.R. Part 447.205	a. FFY 2015 $ 0 thousands b. FFY 2016 $ 0 thousands
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	**9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*:**
Attachment 3.1-A: Supplement 2, Page 19a, Letter J, page 1 of 1 **Attachment 4.19-D – Supplement 1:** Section 001.23, page 1 of 1 Section 001.25, page 1 of 1 **NEW** **Attachment 4.28:** Section 001.01, page 1 of 1 **NEW**	**Attachment 3.1-A:** Supplement 2, Page 19a, Letter J, page 1 of 1 (TN 08-006) **Attachment 3.1-A:** Supplement 3, pages 1 through 42 of 42 (TN 94-31) **Attachment 4.19D – Supplement 1:** Section 001.23, page 1 of 1 (TN 11-022) Section 5111.20.002, page 1 of 1 (TN 09-013) **DELETE** **Attachment 4.28:** Section 5101:3-3-04, page 1 of 1 (TN 08-005) **DELETE**

10. SUBJECT OF AMENDMENT: Nursing Facility Services: Outlier Services, Cost Sharing, Payment During Appeals

11. 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

12. SIGNATURE OF STATE AGENCY OFFICIAL: [redacted]	16. RETURN TO:
13. TYPED NAME: **John B. McCarthy**	**Becky Jackson** **Ohio Department of Medicaid** **P.O. BOX 182709** **Columbus, Ohio 43218**
14. TITLE: **STATE MEDICAID DIRECTOR**	
15. DATE SUBMITTED: 12/29/2014	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:	18. DATE APPROVED: SEP 17 2015
PLAN APPROVED – ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: OCT 03 2014	20. SIGNATURE OF REGIONAL OFFICIAL: [redacted]
21. TYPED NAME: Kristin Fan	22. TITLE: Deputy Director, FMG

23. REMARKS:

Instructions on Back

FORM CMS-179 (07-92)

Letter J: Provision of Outlier Services

ICF-MR-BRMM
Provision of behavioral redirection and medication monitoring (BRMM) services for a sub-population of individuals who require an ICF-MR level of care (LOC), but whose care needs are not adequately measured by the individual assessment form (IAF) or by the resident assessment classification (RAC) case mix system.

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 MDS 3.0 or who serve residents with special care needs otherwise qualifying for consideration. An outlier rate is a contracted rate and may differ from a standard rate as follows:

1) The direct care rate component may be increased if deemed necessary based on analysis of historical direct care costs if the provider had previously been a Medicaid provider, a comparison of direct care costs and staffing ratios of facilities caring for individuals with similar needs, a comparison of payment rates paid by private insurers or other states, and an analysis of the impact on historical costs if there are plans to change the patient mix.
2) The ancillary and support rate component may be increased due to increased expenses deemed necessary by the Ohio Department of Medicaid for treatment of individuals requiring outlier services.
3) The capital rate component may be adjusted to reflect costs of specialized high cost equipment or their capital expenditures necessary for treatment of individuals requiring outlier services.

Individuals must receive prior approval for outlier services.

Cost Sharing Other Than Medicare Part A

The nursing facility per diem rate includes Medicaid payments for Medicare or other third-party insurance cost-sharing, including coinsurance or deductible payments, associated with services that are included in the nursing facility per diem.

Neither the nursing facility resident nor the Ohio Department of Medicaid is responsible for any Medicare or other third-party insurance cost-sharing, including coinsurance or deductibles, associated with services that are included in the nursing facility per diem.

Payment During Appeal

Payment shall continue for Medicaid-covered services provided to eligible residents during the appeal of, and the proposed termination or non-renewal of, a nursing facility provider agreement when the Department of Medicaid is required to provide an adjudicatory hearing pursuant to Chapter 119. of the Revised Code. Payment shall not be made under this provision for services rendered on or after the effective date of the Department's issuance of a final order of adjudication pursuant to Chapter 119. of the Revised Code, except as provided in the following paragraph.

Payment may be provided up to thirty days following the effective date of termination or non-renewal of a nursing facility provider agreement, or after an administrative hearing decision that upholds the Department's termination or non-renewal action. Payment will be available if both of the following conditions are met:

1) Residents were admitted to the nursing facility before the effective date of termination or expiration.
2) The nursing facility cooperates with the state, local, and federal entities in the effort to transfer residents to other nursing facilities, institutions, or community programs that can meet the residents' needs.

When the Department acts under instructions from the United States Department of Health and Human Services, payment ends on the termination date specified by that agency.