

## **Table of Contents**

**State/Territory Name: OH**

**State Plan Amendment (SPA) #: 15-0022**

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  
233 North Michigan Avenue, Suite 600  
Chicago, Illinois 60601-5519



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December 22, 2015

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

RE: TN 15-022

Dear Mr. McCarthy:

Enclosed for your records is an approved copy of the following State Plan Amendment (SPA):

Transmittal #15-022            - Payment for services: Home health aide services  
   - Effective Date: January 1, 2016

If you have any questions, please have a member of your staff contact Christine Davidson at (312) 886-3642 or by email at [christine.davidson@cms.hhs.gov](mailto:christine.davidson@cms.hhs.gov).

Sincerely,

/s/

Todd McMillion  
Acting Associate Regional Administrator  
Division of Medicaid and Children's Health Operations

Enclosure

cc: Sarah Curtin, ODM  
Carolyn Humphrey, ODM  
Becky Jackson, ODM  
Greg Niehoff, ODM

**TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:  
**15-022**

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  
**January 1, 2016**

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:

42 CFR Part 440.70  
42 CFR Part 447.201  
42 CFR Part 484.36

7. FEDERAL BUDGET IMPACT:

a. FFY 2016      \$7,830 thousands  
b. FFY 2017      \$10,430 thousands

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-B, Item 7-b, Page 1 of 1

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (*If Applicable*):

Attachment 4.19-B, Item 7-b, Page 1 of 1 (TN 15-007)

10. SUBJECT OF AMENDMENT: Payment for Services: Home Health Aide Services

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: 

13. TYPED NAME: **JOHN B. McCARTHY**

14. TITLE: **STATE MEDICAID DIRECTOR**

15. DATE SUBMITTED: **December 16, 2015**

16. RETURN TO:

**Carolyn Humphrey  
Ohio Department of Medicaid  
P.O. BOX 182709  
Columbus, Ohio 43218**

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: **December 16, 2015**

18. DATE APPROVED: **December 22, 2015**

**PLAN APPROVED – ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:  
**January 1, 2016**

20. SIGNATURE OF REGIONAL OFFICIAL:  
**/s/**

21. TYPED NAME:  
**Todd McMillion**

22. TITLE:  
**Acting Associate Regional Administrator**

23. REMARKS:

**Instructions on Back**

7. Home Health Services

b. Home health aide services provided by a home health agency.

Home health aide services provided by a home health agency under this section are covered by Ohio Medicaid in accordance with 42 CFR 440.70.

Payment for a home health aide visit is the lesser of the billed charge or an amount based on the Medicaid maximum for the service listed on the Department's fee schedule. "Base rate" means the amount reimbursed by Ohio Medicaid for the initial thirty-five to sixty minutes of service delivered. "Unit rate" means the amount paid for each fifteen minute unit of service delivered when the initial visit is greater than sixty-minutes in length or less than thirty-five minutes in length. Reimbursement for a visit is calculated as follows:

The Medicaid maximum rate for home health aide services visit not rendered in a group setting is equal to the sum of:

- (1) The base rate; and
- (2) The unit rate for a visit in length beyond the initial hour of service, for each unit over the base rate, not to exceed four hours. For an initial visit less than thirty-five minutes, Ohio Medicaid will reimburse a maximum of one unit if the services is equal to or less than fifteen minutes in length, and a maximum of two units if the service is sixteen through thirty-four minutes in length.

The Medicaid maximum rate for home health aide services rendered in a group setting is equal to seventy-five percent of the sum of:

- (1) The base rate; and
- (2) The unit rate multiplied by the number of covered units following the first four units included in the base rate.

All rates are published on the agency's website at [medicaid.ohio.gov/PROVIDERS/FeeScheduleandRates.aspx](http://medicaid.ohio.gov/PROVIDERS/FeeScheduleandRates.aspx).

The agency's home health aide services fee schedule was set as of January 1, 2016, 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.

TN: 15-022

Supersedes:

TN: 15-007

Approval Date 12/22/15

Effective Date: 01/01/2016