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State/Territory Name: Ohio

State Plan Amendment (SPA) #: 17-0018

This file contains the following documents in the order listed:

Department of Health & Human Services
Centers for Medicare & Medicaid Services
233 North Michigan Avenue, Suite 600
Chicago, Illinois 60601-5519

July 26, 2017

Barbara R. Sears, Director
Ohio Department of Medicaid
P.O. Box 182709
50 West Town Street, Suite 400
Columbus, Ohio 43218

RE: State Plan Amendment Transmittal Number 17-018

Dear Ms. Sears:

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

Transmittal #17-018
- Coverage & Limitations: Home Health Services
- Effective Date: July 1, 2017
- Approval Date: July 26, 2017

If you have any questions regarding this State Plan Amendment, please have a member of your staff contact Christine Davidson at (312) 886-3642 or by email at christine.davidson@cms.hhs.gov.

Sincerely,

/s/

Alan Freund
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 FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES	1. TRANSMITTAL NUMBER: **17 - 018**	2. STATE **OHIO**
	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 **July 01, 2017**	

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:
42 CFR Part 440.70 42 CFR Part 484.14	a. FFY 2017 $312 thousands b. FFY 2018 $1,256 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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*: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, Item 7-a, Page 1 of 6 Attachment 3.1 – A, Item 7-b, Page 2 of 6 Attachment 3.1 – A, Item 7-b, Page 3 of 6 Attachment 3.1 – A, Item 7-d, Page 6 of 6	Attachment 3.1 – A, Item 7-a, Page 1 of 6 (TN 15-007) Attachment 3.1 – A, Item 7-b, Page 2 of 6 (TN 15-007) Attachment 3.1 – A, Item 7-b, Page 3 of 6 (TN 15-007) Attachment 3.1 – A, Item 7-d, Page 6 of 6 (TN 11-002)

10. SUBJECT OF AMENDMENT: Coverage and Limitations: Home Health Services : allowing services to be provided outside of the home

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 [redacted]	16. RETURN TO:
13. TYPED NAME **ARBARA R. ARS**	**Carolyn Humphrey** **Ohio Department of Medicaid** **P.O. BOX 182709** **Columbus, Ohio 43218**
14. TITLE: **STATE MEDICAID DIRECTOR**	
15. DATE SUBMITTED: June 12 2017	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:	18. DATE APPROVED:
June 12, 2017	**July 26, 2017**
PLAN APPROVED – ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: **July 1, 2017**	20. SIGNATURE OF REGIONAL OFFICIAL: /s/
21. TYPED NAME: **Alan Freund**	22. TITLE: **Acting Associate Regional Administrator**

23. REMARKS: The state agreed to corrected page

numbering in Box 8. (CD)

Instructions on Back

FORM CMS-179 (07-92)

7. Home health services.

a. Intermittent or part-time nursing services provided by a home health agency or by a registered nurse when no home health agency exists in the area.

Intermittent or part-time nursing services are available to any Medicaid beneficiary with a medical need for intermittent or part-time nursing services in the beneficiary's place of residence or in any setting in which normal life activities take place. The place of services does not include a hospital, a nursing facility, or an intermediate care facility for individuals with intellectual disabilities or any setting in which payment is or could be made under Medicaid for inpatient services that include room and board.

Intermittent or part-time nursing services can only be provided by a Medicare Certified Home Health Agency. Such certification requires meeting all the requirements of Medicare Conditions of Participation. Such agencies must also be enrolled as an Ohio Medicaid provider.

Intermittent or part-time nursing services must be ordered by the qualifying treating physician, and included in a beneficiary's plan of care that is reviewed by that physician at least every 60 days. To be a qualifying treating physician, the physician must be a doctor of medicine or osteopathy legally authorized to practice medicine and surgery in the state of Ohio.

Intermittent or part-time nursing services are covered only if the qualifying treating physician certifying the need for home health services documents that he or she had a face-to-face encounter with the beneficiary within the ninety days prior to the home health care start of care date, or within thirty days following the start of care date inclusive of the start of care date. A certified nurse practitioner, clinical nurse specialist, or certified nurse midwife, in collaboration with the qualifying treating physician, or a physician assistant under the supervision of the qualifying treating physician, may perform the face-to-face encounter for the purposes of the supervising physician certifying the need for home health services.

The face-to-face encounter with the beneficiary must occur independent of any provision of home health services to the beneficiary by the individual performing the face-to-face encounter. Only the qualifying treating physician may order these services, document the face-to-face encounter, and certify medical necessity.

Applicable limits are:

- No more than a combined total of eight hours per day of intermittent or part-time nursing services, home health aide services, and physical therapy, occupational therapy, or speech pathology and audiology services;

- No more than a combined total of 14 hours per week of intermittent or part-time nursing services and home health aide services, or as prior authorized by ODM or its designee;

- Visits shall not be more than four hours in length;

7. Home health services, continued.

a. Intermittent or part-time nursing services provided by a home health agency or by a registered nurse when no home health agency exists in the area.

- An RN assessment cannot be concurrently performed with any other service during a visit in which the RN is furnishing home health services;
- An RN assessment must be performed on an individual prior to the start of home health services for the first time, prior to any change of order to an individual's home health services, and/or any time the RN is informed that the individual receiving the home health services has experienced a significant change in his or her condition that warrants a new RN assessment;
- An RN assessment may be performed no more than once every sixty days, unless a significant change warrants a subsequent RN assessment;
- When an individual is enrolled on an ODM-administered waiver, RN assessment services must be prior-approved by ODM and be specified on the individual's service plan;
- RN consultation services are not covered for consultations between RNs; and
- RN consultations are not covered when performed with nursing delegation services under the Ohio Department of Developmental Disabilities (DODD) waiver.

An individual can also access intermittent or part-time nursing services and/or home health aide services upon discharge from a covered inpatient hospital stay when medically necessary.

Additional intermittent or part-time nursing services provided by a home health agency beyond the established limits may be allowed when medically necessary, and as prior authorized by ODM or its designee.

Beneficiaries younger than age twenty-one can access intermittent or part-time nursing services without limitation when medically necessary.

7. Home health services, continued.

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

Home health aide services are available to any Medicaid beneficiary with a medical need for home health aide services in the beneficiary’s place of residence, licensed child day-care center, or, for a child three years and under, in a setting where the child receives early

intervention services as indicated in the individualized family service plan. The place of services does not include a hospital, a nursing facility, or an intermediate care facility for individuals with intellectual disabilities.

7. Home health services, continued.

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

Home health aide services can only be provided by a Medicare Certified Home Health Agency. Such certification requires meeting all the requirements of Medicare Conditions of Participation. Such agencies must also be enrolled as an Ohio Medicaid provider.

Home health aide services must be ordered by the qualifying treating physician, and included in a beneficiary's plan of care that is reviewed by that physician at least every 60 days. To be a qualifying treating physician, the physician must be a doctor of medicine or osteopathy legally authorized to practice medicine and surgery in the state of Ohio.

Home health aide services are covered only if the qualifying treating physician certifying the need for home health services document s that he or she had a face-to-face encounter with the beneficiary within the ninety days prior to the home health care start of care date, or within thirty days following the start of care date inclusive of the start of care date. A certified nurse practitioner, clinical nurse specialist, or certified nurse midwife, in collaboration with the qualifying treating physician, or a physician assistant under the supervision of the qualifying treating physician, may perform the face-to-face encounter for the purposes of the supervising physician certifying the need for home health services.

The face-to-face encounter with the beneficiary must occur independent of any provision of home health services to the beneficiary by the individual performing the face-to-face encounter. Only the qualifying treating physician may order these services, document the face-to-face encounter, and certify medical necessity.

Applicable limits are:

- No more than a combined total of eight hours per day of intermittent or part-time nursing services, home health aide services, and physical therapy, occupational therapy, or speech pathology and audiology services;

- No more than a combined total of 14 hours per week of intermittent or part-time nursing services and home health aide services, or as prior authorized by ODM or its designee; and

- Visits shall not be more than four hours in length.

An individual can also access intermittent or part-time nursing services and/or home health aide services upon discharge from a covered inpatient hospital stay when medically necessary.

Additional home health aide services provided by a home health agency beyond the established limits may be allowed when medically necessary, and as prior authorized by ODM or its designee.

Beneficiaries younger than age twenty-one can access home health aide services without limitation when medically necessary.

7. Home health services, continued.

d. Physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or medical rehabilitation facility.

Physical therapy, occupational therapy, or speech-language pathology and audiology services are available to any Medicaid beneficiary with a medical need for physical therapy, occupational therapy, or speech-language pathology and audiology services in the beneficiary's place of residence, or in any setting in which normal life activities take place. The place of services does not include a hospital, a nursing facility, or an intermediate care facility for individuals with intellectual disabilities, or any setting in which payment is or could be made under Medicaid for inpatient services that include room and board.

Physical therapy, occupational therapy, or speech-language pathology and audiology services must be ordered by the qualifying treating physician, and included in a beneficiary's plan of care that is reviewed by that physician at least every 60 days.

Providers of these services under the home health benefit must meet the same requirements of providers of such services under the physical therapy and related benefit, described under Attachment 3.1-A, Item 11.

Physical therapy, occupational therapy, or speech-language pathology and audiology services can only be provided by a Medicare Certified Home Health Agency. Such certification requires meeting all the requirements of Medicare Conditions of Participation. Such agencies must also be enrolled as an Ohio Medicaid provider.

Applicable limits are:

- No more than a combined total of eight hours per day of intermittent or part-time nursing services, home health aide services, and physical therapy, occupational therapy, or speech-language pathology and audiology services; and
- Visits shall not be more than four hours in length.

There are no weekly limits for physical therapy, occupational therapy, or speech pathology and audiology services.

Additional physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or medical rehabilitation facility beyond the established limits may be allowed when medically necessary, and as prior authorized by ODM or its designee.

Beneficiaries younger than age twenty-one can access physical therapy, occupational therapy, or speech-language pathology and audiology services without limitation when medically necessary.