

Table of Contents

State/Territory Name: OH

State Plan Amendment (SPA) #: 17-024

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

JUL 07 2017

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

RE: Ohio State Plan Amendment (SPA) 17-024

Dear Ms. Sears:

We have reviewed the proposed amendment to Attachment 4.19-C of your Medicaid State plan submitted under transmittal number (TN) 17-024. Effective August 17, 2017, this SPA is being amended to update the name of the Ohio Department of Medicaid and to change the section number.

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 17-024 is approved effective August 17, 2017. We are enclosing the HCFA-179 and the amended plan pages.



If you have any questions, please contact Fred Sebree at (217) 492-4122 or Fredrick.sebree@cms.hhs.gov.

Sincerely,



Kristin Fan
Director

Enclosure

3 TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 17-024	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 August 17, 2017	
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: Section 1919(c)(2)(D) of the Social Security Act Section 1902(a)(30)(A) of the Social Security Act	7. FEDERAL BUDGET IMPACT: a. FFY 2017 \$0 thousands b. FFY 2018 \$0 thousands	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-C, Section 001.1, page 1 of 1	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Attachment 4.19-C, Section 5111.33.001, page 1 of 1 (TN 11-022)	
10. SUBJECT OF AMENDMENT: Nursing Facility Services – Leave Days		
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 AGENCY OFFICIAL: 	16. RETURN TO: Carolyn Humphrey Ohio Department of Medicaid P.O. BOX 182709 Columbus, Ohio 43218	
13. TYPED NAME: BARBARA R. SEARS		
14. TITLE: STATE MEDICAID DIRECTOR		
15. DATE SUBMITTED: June 29, 2017		
FOR REGIONAL OFFICE USE ONLY		
17. DATE RECEIVED:	18. DATE APPROVED: JUL 07 2017	
PLAN APPROVED – ONE COPY ATTACHED		
19. EFFECTIVE DATE OF APPROVED MATERIAL: AUG 17 2017	20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: KRISTIN FAN	22. TITLE: Director, FMG	
23. REMARKS:		

Instructions on Back

Leave Days

The Ohio Department of Medicaid will make payments to reserve a bed for a recipient during temporary absence for hospitalization for an acute condition, visits with relatives and friends, and participation in therapeutic programs outside the facility when the resident's plan of care provides for the absence for up to thirty days in a calendar year. During calendar year 2011, the payment will equal fifty percent of the nursing facility's per diem. During calendar year 2012 and thereafter, the payment will equal fifty percent of the nursing facility's per diem if the nursing facility's occupancy exceeded ninety-five percent in the preceding calendar year and eighteen percent of the nursing facility's per diem if the nursing facility's occupancy did not exceed ninety-five percent in the preceding calendar year.

TN 17-024 Approval Date JUL 07 2017
Supersedes
TN 11-022 Effective Date 08/17/2017