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State/Territory Name: Ohio

State Plan Amendment (SPA) #: 08-007

This file contains the following documents in the order listed:

- 1) Technical Correction Letter
- 2) Corrected CMS-179 Form and Approved SPA Pages
- 3) Original Approval Package

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



February 8, 2019

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

RE: Technical Correction to Ohio State Plan Amendment (SPA) TN 08-007

Dear Ms. Corcoran:

This is a technical correction to Ohio SPA 08-007 which was approved on November 21, 2008. The original SPA approval package contained an incorrect version of the CMS-179 and SPA pages. We are making this correction to remedy that error.

If you have any questions, please contact Christine Davidson, of my staff, at (312) 886-3642 or christine.davidson@cms.hhs.gov if you have any questions.

Sincerely,

/s/

Ruth A. Hughes
Associate Regional Administrator
Division of Medicaid and Children's Health Operations

Enclosure

cc: Carolyn Humphrey, ODM
Greg Niehoff, ODM
Rebecca Jackson, ODM

Private rooms in nursing facilities (NFs).

(A) Medical necessity.

- (1) A nursing facility (NF) operator shall provide private room accommodations for a medicaid eligible resident if the resident requires a private room due to medical necessity.
- (2) Medicaid payment shall be considered payment in full, and no supplemental payment may be requested or accepted from a resident or a resident's representative.

(B) Semiprivate or ward accommodations unavailable.

- (1) Medicaid shall not pay more for a private room than the current medicaid per diem rate the facility is receiving if semiprivate or ward accommodations are not available.
- (2) Medicaid payment shall be considered payment in full, and no supplemental payment may be requested or accepted from a resident or a resident's representative.

(C) Supplemental payment.

If semiprivate or ward accommodations are available and are offered to a resident but the resident or the resident's representative makes a written request for a private room, the private room shall be considered a non-covered service for which the facility may seek supplemental payment from the resident or the resident's representative. Such supplemental payment shall conform to all of the following:

- (1) The supplemental payment amount shall represent no more than the difference between the charge to private pay residents for a semiprivate room and the charge to private pay residents for a private room; and
- (2) The charge for the private room shall not include charges for services covered by medicaid, whether or not medicaid payment meets a NF operator's cost for the per diem service; and
- (3) A NF operator shall detail both monthly and annual supplemental charges, if applicable, on a resident's statement of charges so that the additional cost of a private room is evident to the resident and the resident's family; and
- (4) The written request for a private room shall be kept in the resident's file; and
- (5) The amount of any supplemental payment shall not be considered an offset in determining patient liability for cost of care. All income that would otherwise be considered available to apply to the cost of care at the medicaid rate shall continue to be considered available.

TNS# 08-007 Approval Date 11/21/08
Supersedes
TNS# 03-013 Effective Date 04/01/08

Private rooms in intermediate care facilities for the mentally retarded (ICFs-MR).

(A) Medical necessity.

- (1) An intermediate care facility for the mentally retarded (ICF-MR) operator shall provide private room accommodations for a medicaid eligible resident if the resident requires a private room due to medical necessity.**
- (2) In these instances, medicaid payment shall be considered payment in full, and no supplemental payment may be requested or accepted from the resident or the resident's representative.**

(B) Semiprivate or ward accommodations unavailable.

- (1) Medicaid shall not pay more for a private room than the current medicaid per diem rate the facility is receiving if semiprivate or ward accommodations are not available.**
- (2) Medicaid payment shall be considered payment in full, and no supplemental payment may be requested or accepted from the resident or the resident's representative.**

(C) Supplemental payment.

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- (1) The supplemental payment amount shall represent no more than the difference between the charge to private pay residents for a semiprivate room and the charge to private pay residents for a private room; and**
- (2) The charge for a private room shall not include charges for services covered by medicaid, whether or not the medicaid payment meets the ICF-MR operator's cost for the per diem service; and**
- (3) An ICF-MR operator shall detail both monthly and annual supplemental charges, if applicable, on the resident's statement of charges so that the additional cost of the private room is evident to the resident and the resident's family; and**
- (4) The written request for a private room shall be kept in the resident's file; and**
- (5) The amount of any supplemental payment shall not be considered an offset in determining patient liability for cost of care. All income that would otherwise**

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November 21, 2008

John Corlett, Deputy Director
Office of Ohio Health Plans
Ohio Department of Jobs & Family Services
P.O. Box 182709
50 West Town Street, Suite 400
Columbus, Ohio 43218

Dear Mr. Corlett:

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

Transmittal #08-007

Replace rule 5101:3-3-23 as contained in Attachment 3.1A of Ohio's State Plan. The provisions of rules 5101:3-3-16.3 and 5101:3-3-16.7 set forth policies regarding private rooms and Medicaid residents of nursing facilities (NFs) and intermediate care facilities for the mentally retarded (ICFs-MR).
-- Effective April 1, 2008

If you have any questions, please have a member of your staff contact Mara Siler-Price, of my staff, at (312) 886-5211 or via e-mail at mara.siler-price@cms.hhs.gov.

Sincerely,



Verlon Johnson
Associate Regional Administrator
Division of Medicaid and Children's Health Operations

Enclosure

cc: Becky Jackson

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 08 - 007	2. STATE OHIO
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES	4. PROPOSED EFFECTIVE DATE April 1, 2008	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		

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: a. FFY 08 \$0 b. FFY 09 \$0
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1A - Rules 5101:3-3-16.3 5101:3-3-16.7	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1A - Rule 5101:3-3-23
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10. SUBJECT OF AMENDMENT:
These provisions replace rule 5101:3-3-23 as contained in Attachment 3.1A of Ohio's state plan. The provisions of rules 5101:3-3-16.3 and 5101:3-3-16.7 set forth policies regarding private rooms and Medicaid residents of nursing facilities (NFs) and intermediate care facilities for the mentally retarded (ICFs-MR).

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:
Governor has delegated signature authority to ODJFS Director. Director has delegated signature authority to Medicaid Director

12. SIGNATURE OF STATE AGENCY OFFICIAL: <i>John R. Corlett</i>	16. RETURN TO: Becky Jackson OHP/Bureau of Health Plan Policy Ohio Department of Job and Family Services P.O. BOX 182709 Columbus, Ohio 43218
13. TYPED NAME: JOHN R. CORLETT	
14. TITLE: MEDICAID DIRECTOR	
15. DATE SUBMITTED:	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED: <i>March 27 2008</i>	18. DATE APPROVED: <i>NOV 27 2008</i>
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: <i>NOV 13 2008</i>	20. SIGNATURE OF REGIONAL OFFICIAL: <i>[Signature]</i>
21. TYPED NAME: Verlan Johnson	22. TITLE: Associate Regional Administrator
23. REMARKS:	

Instructions on Back

needs to be in 4.11-0

5101:3-3-16.3 Private rooms in nursing facilities (NFs).

(A) Medical necessity.

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(B) Semiprivate or ward accommodations unavailable.

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5101:3-3-16.3

Replaces: 5101:3-3-23
Effective: 04/01/2008
R.C. 119.032 review dates: 04/01/2013

CERTIFIED ELECTRONICALLY

Certification

03/10/2008

Date

Promulgated Under: 119.03
Statutory Authority: 5111.02
Rule Amplifies: 3721.16
Prior Effective Dates: 9/2/82, 1/1/95, 7/1/00, 7/1/03

NOV 21 2008

TNS# 08-007 Approval Date 00/00/08
Supersedes
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5101:3-3-16.7 Private rooms in intermediate care facilities for the mentally retarded (ICFs-MR).

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