Table of Contents

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 <u>christine.davidson@cms.hhs.gov</u> 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

TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE
STATE PLAN MATERIAL	08-007	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 April 1, 2008	
5. TYPE OF PLAN MATERIAL (Check One):		
	CONSIDERED AS NEW PLAN	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME 6. FEDERAL STATUTE/REGULATION CITATION:	NDMENT (Separate Transmittal for each 7. FEDERAL BUDGET IMPACT:	amendment)
0. FEDERAL STATUTE/REOULATION CITATION.	a. FFY 08 \$	0 0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):	
Attachment 3.1A – Rules 5101:3 3 16.3 Supplement 5 5101:3 3 16.7 Page 1 of 3, Page 2 and 3, and Page 3 of 3		upplement 5 Pages 1 and 2 of 2 5101:3-3-23)
10. SUBJECT OF AMENDMENT:		
The provisions contained in this amendment replace rule 5101:3-3-23 as policies regarding private rooms and Medicaid residents of nursing facilit (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 SPECI Governor has delegated	
	to ODJFS Director. Dir signature authority to N	rector has delegated
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12. SIGNATURE OF STATE A	signature authority to N 16. RETURN TO: Becky Jackson	rector has delegated
12. SIGNATURE OF STATE A 13. TYPED NAME: JOHN R. CORLETT '	signature authority to N 16. RETURN TO: Becky Jackson OHP/Bureau of Health Plan Policy Ohio Department of Job and Family S	rector has delegated Medicaid Director
12. SIGNATURE OF STATE 4 13. TYPED NAME: 14. TITLE: MEDICAID DIRECTOR	signature authority to N 16. RETURN TO: Becky Jackson OHP/Bureau of Health Plan Policy Ohio Department of Job and Family S P.O. BOX 182709	rector has delegated Medicaid Director
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Instructions on Back

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

<u>Private rooms in intermediate care facilities for the mentally</u> 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.

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- (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

TNS# <u>08-007</u>	Approval Date
Supersedes	
TNS# 03-013	Effective Date 04/01/08

Attachment 3.1A Supplement 5 Page 3 of 3

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TNS# <u>08-007</u> Supersedes TNS# <u>03-013</u> Approval Date _____11/21/08

Effective Date 04/01/08

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



CENTERS for MEDICARE & MEDICAID SERVICES

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 O	F APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE	
STATE PLAN MATE	RIAL	0 8 - 007	ОНІО	
FOR: CENTERS FOR MEDICARE AND N	IEDICAID SERVICES	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)		
TO: REGIONAL ADMINISTRATOR		4. PROPOSED EFFECTIVE DATE		
CENTERS FOR MEDICARE & MEDIC DEPARTMENT OF HEALTH AND HU	MAN SERVICES	April 1, 2008		
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 CIT	ATION:	7. FEDERAL BUDGET IMPACT: a. FFY 08 \$0		
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8. PAGE NUMBER OF THE PLAN SECTIO	N OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPER OR ATTACHMENT (If Applicable		
Attachment 3.1A – Rules 5101:3-3-16.3 5101:3-3-16.7		Attachment 3.1A - Rule 5101:3-3-23		
10. SUBJECT OF AMENDMENT: These provisions replace rule 5101:3-3-23 as 5101:3-3-16.7 set forth policies regarding privite mentally retarded (ICFs-MR). 11. GOVERNOR'S REVIEW (Check One): GOVERNOR'S OFFICE REPORTED COMMENTS OF GOVERNOR'S OF NO REPLY RECEIVED WITHIN 45	ate rooms and Medicaid re	sidents of nursing facilities (NFs) and in OTHER, AS SPI Governor has delega to ODJFS Director.	ntermediate care facilities for ECIFIED: ted signature authority	
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13. TYPED NAME: JOHN R.	CNR 365/08	16. RETURN TO: Becky Jackson OHP/Bureau of Health Plan Policy Ohio Department of Job and Famil P.O. BOX 182709	to Medicaid Director	
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13. TYPED NAME: JOHN R. 14. TITLE: MEDICA	ONC 32505 CORLETT ID DIRECTOR	16. RETURN TO: Becky Jackson OHP/Bureau of Health Plan Policy Ohio Department of Job and Famil P.O. BOX 182709 Columbus, Ohio 43218	to Medicaid Director	
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Instructions on Back

FORM CMS-179 (07-92)

news to be in 4.19-D

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

(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.

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(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.

NOV 21 2008

Approval Date 00/00/08 TNS# 08-007 Supersedes TNS# 03-013

Effective Date 04/01/08

Attachment 3.1A Page 2 of 2

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

NOV 21 2008 Approval Date 00/00/08

TNS# 0<u>8-007</u> Supersedes TNS# 0<u>3-013</u>

Effective Date 04/01/08

5101:3-3-16.7 Private rooms in intermediate care facilities for the mentally retarded (ICFs-MR).

(A) Medical necessity.

55

- (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.
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- (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
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NOV **21** 2008 TNS# <u>08-007</u> Approval Date <u>00/00/08</u> Supersedes TNS# <u>03-013</u> Effective Date <u>04/01/08</u>

Attachment 3.1A Page 2 of 3

<u>5101:3-3-16.7</u>

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TNS# <u>08-007</u> Supersedes TNS# <u>03-013</u> NOV 2 1 2008 Approval Date 00/00/08 Effective Date 04/01/08

Attachment 3.1A Page 3 of 3

5101:3-3-16.7

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

> TNS# <u>08-007</u> Supersedes TNS# <u>03-013</u>

NOV **21** 2008 Approval Date <u>00/00/08</u> Effective Date <u>04/01/08</u>