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State/Territory Name: Ohio

State Plan Amendment (SPA) #: OH 19-0011

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

June 24, 2019

Maureen Corcoran, Director
Ohio Department of Medicaid
50 West Town Street, Suite 400
Columbus, Ohio 43215

RE: Ohio State Plan Amendment (SPA) 19-011

Dear Ms. Corcoran:

We have reviewed the proposed amendment to Attachments 3.1A, 4.19-B, and 4.19-D of your Medicaid State plan submitted under transmittal number (TN) 19-011. Effective February 14, 2019, this SPA proposes revisions to provide clarity to State Plan language describing private rooms and cost sharing for NF and ICF/IID services

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 19-011 is approved effective February 14, 2019. We are enclosing the HCFA-179 and the amended plan pages.


If you have any questions, please contact Fred Sebree at Fredrick.sebree@cms.hhs.gov.

Sincerely,



Kristin Fan,
Director

Enclosure

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 19-011	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 February 14, 2019	
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: Sections 1902(a)(30)(A) and 1905(a)(4)(A) of the Social Security Act; 42 CFR 483.10 (f)(11)(ii)(K)		7. FEDERAL BUDGET IMPACT: a. FFY 2019 \$0 thousands b. FFY 2020 \$0 thousands	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: <u>Attachment 3.1-A</u> Item 4-a, Page 1 of 1 Item 15, Page 1 of 1 <u>Attachment 4.19-B</u> Appendix to Item 3 of Supplement 1, Page 1 of 1 <u>Attachment 4.19-D</u> Supplement 1, Section 001.4, Page 1-2 of 2 Supplement 1, Section 001.26, Page 1 of 1 Supplement 2, Page 25 (new)		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): <u>Attachment 3.1-A</u> Item 4-a, Page 1 of 1 (TN 16-006) Item 15, Page 1 of 1 (TN 13-007) Supplement 5, Pages 1-3 of 3 (TN 08-007) (remove) <u>Attachment 4.19-B</u> Appendix to Item 3 of Supplement 1, Page 1 of 1 (TN 11-022) <u>Attachment 4.19-D</u> Supplement 1, Section 001.4, Page 1 of 2 (TN 19-010) Supplement 1, Section 001.4, Page 2 of 2 (TN 18-003) Supplement 1, Section 001.26, Page 1 of 1 (TN 16-009)	
10. SUBJECT OF AMENDMENT: Coverage and Payment: NF and ICF-IID Services – Private Rooms, Cost Sharing			
11. GOVERNOR'S REVIEW (<i>Check One</i>):			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED:	
<input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED		The State Medicaid Director is the Governor's designee	
<input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
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: MAUREEN M. CORCORAN			
14. TITLE: STATE MEDICAID DIRECTOR			
15. DATE SUBMITTED: March 29, 2019			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED:		18. DATE APPROVED: JUN 24 2019	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: FEB 14 2019		20. SIGNATURE: 	
21. TYPED NAME: Kristin Fan		22. TITLE: Director, FMG	
23. REMARKS:			

Instructions on Back

- 4-a. Nursing facility services (other than services in an institution of mental diseases) for individuals 21 years of age or older.

Included in the nursing facility per diem rate is room and board, including a private room if medically necessary, such as the need for infection control. The services included and not included in the nursing facility per diem rate are specified in Section 001.4 of Attachment 4.19-D, Supplement 1.

TN: 19-011
Supersedes
TN: 16-006

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Effective 02/14/2019

15. Services in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF-IID) or related conditions (other than such services in an institution for mental diseases) for persons determined, in accordance with section 1902(a)(31)(A) of the Act, to be in need of such care.

a. Including such services in a public institution (or distinct part thereof).

ICF-IID services are covered by Ohio Medicaid in accordance with 42 CFR 440.150.

b. An ICF-IID operator may provide private room accommodations for a Medicaid resident, upon request from the resident.

TN: 19-011
Supersedes:
TN: 13-007

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Nursing Facility Payment for Medicare Part A Cost Sharing.

For a nursing facility service provided by a nursing facility on or after January 1, 2012, "Medicaid maximum allowable amount" means 100% of the nursing facility's Medicaid per diem rate on the date the service was provided.

For qualified Medicare beneficiaries (QMB), including QMB plus and Medicaid beneficiaries admitted to a nursing facility on a Medicare Part A benefit, the lesser of the following will be paid for cost sharing for nursing facility services:

- 1) The coinsurance amount as provided by the Medicare Part A plan; or
- 2) The Medicaid maximum allowable amount for the identified service or services minus the Medicare Part A plan's payment to a nursing facility for the same service or services. If the Medicare Part A plan's payment to a nursing facility for an identified service or services is greater than the Medicaid maximum allowable amount, nothing will be paid for the same identified service or services.

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TN: 11-022 Effective Date: 02/14/2019

Relation to Other Services

The nursing facility per diem rate is a comprehensive rate that includes many items and services for which the provider is not paid directly by the Medicaid program. The following items and services are included in the nursing facility per diem rate:

- 1) Personal hygiene services provided by facility staff or contracted personnel;
- 2) The purchase and administration of tuberculin tests;
- 3) Drawing specimens and forwarding specimens to a laboratory;
- 4) Medical supplies, defined as items with a very limited life expectancy (e.g., atomizers, nebulizers, bed pans, catheters, hypodermic needles, syringes, incontinence pads, splints, and disposable ventilator circuits);
- 5) Needed medical equipment, defined as items that can stand repeated use, are primarily and customarily used to serve a medical purpose, are not useful to a person in the absence of illness or injury, and are appropriate for use in the facility (e.g., hospital beds, wheelchairs other than custom wheelchairs, and intermittent positive-pressure breathing machines). For dates of service on and after January 1, 2014, custom wheelchairs are not included in the nursing facility rate and are covered on a fee for service basis;
- 6) Emergency oxygen;
- 7) Over the counter drugs and nutritional supplements;
- 8) Physical therapy, occupational therapy, speech therapy and audiology services provided by licensed therapists or therapy assistants;
- 9) Respiratory therapy services, including physician ordered administration of aerosol therapy rendered by a licensed respiratory care professional;
- 10) Resident transportation other than medically necessary transportation by ambulance or wheelchair van. Medically necessary transportation of residents who do not require an ambulance or wheelchair van is paid through the NF per diem rate;
- 11) Private rooms when residents require one due to medical necessity such as the need for infection control, or when semiprivate or ward accommodations are not available. In both cases, Medicaid payment is considered payment in full, and no supplemental payment may be requested or accepted from a resident, or from a resident's authorized representative or family. If semiprivate or ward accommodations are available but the resident or resident's representative makes a written request for a private room, the private room is considered a non-covered service for which the facility may seek supplemental payment from the resident or resident's representative. The supplemental payment amount shall be 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.

The following items and services are not included in the nursing facility per diem rate but are paid directly to the provider by the Medicaid program:

- 1) Covered dental services provided by licensed dentists;
- 2) Laboratory and x-ray procedures covered under the Medicaid program;

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Supersedes

TN 19-010 Effective Date 02/14/2019

- 3) Ventilators;
- 4) Prostheses and orthoses;
- 5) Pharmaceuticals, subject to the following conditions:
 - a) When new prescriptions are necessary following expiration of the last refill, the new prescription may be ordered only after the physician examines the patient;
 - b) A copy of all records regarding prescribed drugs for all patients must be retained by the dispensing pharmacy for at least six years;
 - c) A receipt for drugs delivered to a NF must be signed by the facility representative at the time of delivery; a copy must be maintained by the pharmacy.
- 6) Behavioral health services;
- 7) Physician services;
- 8) Podiatry services;
- 9) Vision care services;
- 10) Custom wheelchairs;
- 11) Non-emergency oxygen;
- 12) Medically necessary resident transportation by ambulance or wheelchair van;
- 13) Acupuncture services in accordance with Attachment 3.1-A.

TN 19-011
Supersedes
TN 19-010

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Cost Sharing Other than Medicare Part A

The nursing facility per diem rate includes Medicaid payments for Medicare or other third-party insurance cost sharing, including coinsurance or deductible payments, associated with services that are included in the nursing facility per diem rate.

Neither the nursing facility resident nor the Ohio Department of Medicaid is responsible for any Medicare or other third-party insurance cost sharing, including coinsurance or deductibles, associated with services that are included in the nursing facility per diem rate.

Applies to New and Retiring Methodologies

Private Room Payment in ICFs-IID

An ICF-IID shall accept payment by the State Medicaid agency as payment in full for items and services, that are covered by the Medicaid program. Private rooms in ICFs-IID, including when therapeutically required for infection control or similar reasons, do not receive an additional, supplemental, or differing rate than that already calculated for the ICF-IID, as described in Attachment 4.19-D Supplement 2.

A private room in an ICF-IID may be charged to a resident's personal needs allowance account when a private room is not medically necessary.

TN: 19-011
Supersedes:
TN: New

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