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State/Territory Name: Ohio

State Plan Amendment (SPA) #: 20-0001

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

601 East 12th Street, Suite 0300

Kansas City, Missouri 64106 Medicaid



Medicaid and CHIP Operations Group

March 10, 2020

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

RE: State Plan Amendment Transmittal Number 20-0001

Dear Ms. Corcoran:

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

Transmittal #20-0001 - Payment for Services: Transportation
- Effective Date: January 1, 2020
- Approval Date: March 9, 2020

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.

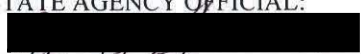

Sincerely,



James Scott, Director
Division of Program Operations

Enclosures

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

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 20-001	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 January 1, 2020	
5. TYPE OF PLAN MATERIAL (Check One):		
<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 (Separate Transmittal for each amendment)		
6. FEDERAL STATUTE/REGULATION CITATION: Section 1905(a)(29) of the Social Security Act; 42 CFR 410.40-41, 42 CFR 431.53, 42 CFR 440.170	7. FEDERAL BUDGET IMPACT: a. FFY 2020 \$3,300 thousands b. FFY 2021 \$4,300 thousands	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A, Item 24-a, Page 1 of 1 Attachment 4.19-B, Item 24-a, Page 1 of 1	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1-A, Item 24-a, Page 1 of 1 (TN 13-023) Attachment 4.19-B, Item 24-a, Page 1 of 1 (TN 13-023)	
10. SUBJECT OF AMENDMENT: Payment for Services: Transportation payment increases		
11. GOVERNOR'S REVIEW (Check One):		
<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:	
13. TYPED NAME: MAUREEN M. CORCORAN	Carolyn Humphrey Ohio Department of Medicaid P.O. BOX 182709 Columbus, Ohio 43218	
14. TITLE: STATE MEDICAID DIRECTOR		
15. DATE SUBMITTED: January 22, 2020		
FOR REGIONAL OFFICE USE ONLY		
17. DATE RECEIVED: January 22, 2020	18. DATE APPROVED: March 9, 2020	
PLAN APPROVED – ONE COPY ATTACHED		
19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2020	20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: James G. Scott	22. TITLE: Director, Division of Program Operations	
23. REMARKS:		

Instructions on Back

24 Any other medical care or remedial care recognized under State law and specified by the Secretary.

24-a. Transportation

Appropriate ambulance services, including air ambulance services, are covered.

Appropriate wheelchair van services are covered for recipients who do not require ambulance services but who do require transport by wheelchair-accessible vehicle to or from Medicaid-coverable services.

Recipients who are not residents of a nursing facility or intermediate care facility for individuals with intellectual disabilities and who do not require ambulance services may request assistance through the local County Department of Job and Family Services (CDJFS) in securing transportation to or from Medicaid-coverable services. Assistance may be given if no other resources are readily available to a recipient. For each recipient who requests transportation assistance, the CDJFS must select the most cost-effective type of assistance that is appropriate to the recipient's medical condition and enables the recipient to access Medicaid-coverable services in a timely manner.

Transportation furnished by enrolled providers and transportation assistance furnished through the CDJFS are subject to certain limitations:

- (i) The recipient must be Medicaid-eligible at the time of service.
- (ii) The medical service received by the consumer must be either covered under Medicaid or ancillary to a Medicaid-coverable service.
- (iii) Claims involving trips to or from unusual locations require manual review. For each type of transport, combinations of trip origin and destination that do not require manual review are spelled out in the rate table published on the agency's website.
- (iv) For each transport by wheelchair van and of each non-emergency transport by ground ambulance, the transportation provider must obtain certification by a licensed practitioner that the transport is necessary. Without such certification, the provider is not entitled to payment.

24. Any other medical care or remedial care recognized under State law and specified by the Secretary.

24-a. Transportation.

Payment on a claim is the lesser of the submitted charge or the Medicaid maximum for the service. The Medicaid maximum is the amount listed on the department's fee schedule.

All rates are published on the agency's website at medicaid.ohio.gov/PROVIDERS/FeeScheduleandRates.aspx.

The agency's transportation fee schedule was set as of January 1, 2020, and is effective for services provided on or after that date.

Except as otherwise noted in the plan, state-developed fee schedules and rates are the same for both governmental and private providers.