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State/Territory Name: OH

State Plan Amendment (SPA) #: 13-007

This file contains the following documents in the order listed:

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850

APR 0 2 2014

John McCarthy
Director
Office Department of Medicaid
P.O. Box 182709
50 West Town Street, Suite 400
Columbus, Ohio 43218

RE: Ohio State Plan Amendment (SPA) 13-007

Dear Mr. Davis:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State plan submitted under transmittal number (TN) 13-007. Effective for services on or after January 10, 2013, this amendment proposes technical changes to coverage and reserve bed reimbursement methodologies for intermediate care facilities for individuals with intellectual disability (ICF/ID) 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 13-007 is approved effective January 10, 2013. We are enclosing the HCFA-179 and the amended plan pages.

If you have any questions, please call Todd McMillion at (312) 353-9860.

Sincerely,

Cindy Mann,
Director

Enclosure

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES	1. TRANSMITTAL NUMBER: **13 -007 (REVISED)**	2. STATE **OHIO**
	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 10, 2013	

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:
42 CFR 440.150 42 CFR 447 Subpart C 42CFR 483, Subpart I	a. FFY 2013 $ 0 thousands b. FFY 2014 $ 0 thousands
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	**9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*:**
Attachment 3.1-A, Item 15, Page 1 of 1 **Attachment 4.19-B, Item 15, Page 1 of 1** **Attachment 4.19-C, Supplement 2, Page 1 of 1**	**Attachment 3.1-A, Pre-Print Page 7, Item 15, Page 1of 1, Reference Supplement 2 (TN 93-39)** **Attachment 4.19-B, Reference Pre-Print Page 7 and Supplement 2 of Attachment 3.1-A, Item 15, Page 1of 1 (TN-93-39)Attachment 4.19-C,** **Supplement 2, Page 1 of 1 (TN 07-011)**

10. SUBJECT OF AMENDMENT: Intermediate care facility services

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: The State Medicaid Director is the Governor's designee

12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:
13. TYPED NAME: **John B. McCarthy**	**Becky Jackson** **Ohio Department of Medicaid** **P.O. BOX 182709** **Columbus, Ohio 43218**
14. TITLE: **STATE MEDICAID DIRECTOR**	
15. DATE SUBMITTED: 3/28/13	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:	18. DATE APPROVED: APR 0 2 2014
PLAN APPROVED – ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: JAN 1 0 2013	20. SIGNATURE OF REGIONAL OFFICIAL:
21. TYPED NAME: Penny Thompson	22. TITLE: Deputy Director, Policy + Financial Mgt (MCS

23. REMARKS:

Instructions on Back

FORM CMS-179 (07-92)

15. a. Services in an Intermediate care facility services for individuals with intellectual disabilities 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.

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

Intermediate care facility services for individuals with intellectual disabilities are covered by Ohio Medicaid in accordance with 42 CFR 440.150.

15. Intermediate Care Facility Services.

See Attachment 4.19-C, Supplement 2; Attachment 4.19-D, Supplement 2; and Attachment 4.19-D.

Payment for Reserved Beds

Leave Days

The State of Ohio will make payments to reserve a bed for a recipient during temporary absence for hospitalization, 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. Requests for additional leave days must be prior authorized. Payment for authorized leave days will be equal to the facility's per diem rate.