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State/Territory Name: OH

State Plan Amendment (SPA) #: 13-023

This file contains the following documents in the order listed:

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 16, 2015

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

RE: TN 13-023

Dear Mr. McCarthy:

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

Transmittal #13-023

- Certain equipment, supplies, and transportation services: Payment for services provided to beneficiaries in a nursing facility (NF)
- Effective Date: January 1, 2014

If you have any questions, please have a member of your staff contact Christine Davidson at (312) 886-3642 or by email at christine.davidson@cms.hhs.gov.

Sincerely,

/s/

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

Enclosure

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

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES	1. TRANSMITTAL NUMBER: **1 3 - 023 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 1, 2014**	

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:	
Section 1902 (a)(30)A of the Social Security Act 42 CFR PART 447 Subpart F	a. FFY 2014 b. FFY 2015	($2223.6) thousands ($2964.8) 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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*:	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 24-a, Page 1 Attachment 4.19-B, Item 7-c, page 1 of 1 Attachment 4.19-B, Item 24-a, page 1 of 1	Attachment 3.1-A, Item 24-a, Pages 1 and 2 (TN 09-010) Attachment 4.19-B, Item 7-c, Page 1 of 1 (TN 13-019) Attachment 4.19-B, Item 24-a, page 1 of 1 (TN 13-019)	

10. SUBJECT OF AMENDMENT:

Certain equipment, supplies, and transportation services: Payment for services provided to beneficiaries in a nursing facility

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: [redacted]	16. RETURN TO:
13. TYPED NAME: **JOHN B. McCARTHY**	**Carolyn Brewer** **Ohio Department of Medicaid** **P.O. BOX 182709** **Columbus, Ohio 43218**
14. TITLE: **STATE MEDICAID DIRECTOR**	
15. DATE SUBMITTED: 10/13/2013	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:	18. DATE APPROVED:
10/13/2013	11/16/2015
PLAN APPROVED – ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SIGNATURE OF REGIONAL OFFICIAL:
1/1/14	/s/
21. TYPED NAME:	22. TITLE:
Ruth A. Hughes	Associate Regional Administrator

23. REMARKS:

Instructions on Back

FORM CMS-179 (07-92)

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

24-a. Transportation

Recipients who are not residents of a nursing facility 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.

Appropriate ambulance services, including air ambulance services, are covered on a fee-for-service basis for any recipient who meets at least one of three criteria:

(i) The individual requires continuous medical supervision or treatment during transport;

(ii) The individual requires supervised protective restraint during transport; or

(iii) The individual must remain supine or prone, can be moved only by stretcher, or cannot be safely transported in a seated position.

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

Transportation provided on a fee-for-service basis 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 reimbursable under Medicaid or ancillary to a Medicaid-reimbursable service. Hence, the entity furnishing the medical service must be a Medicaid provider.

(iii) Fee-for-service trips to or from unusual locations require prior approval. For each type of transport, combinations of trip origin and destination that do not require prior approval are spelled out in the administrative rules or in published provider billing information.

(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

7. Home health services, continued.

c. Medical supplies, equipment, and appliances suitable for use in the home.

Payment for enteral nutrition products is the lesser of the billed charge or an amount based on the Medicaid maximum for the product. The Medicaid maximum is the amount listed on the Department's Durable Medical Equipment fee schedule. Where no Medicaid maximum is specified, payment is the average wholesale price (AWP) minus 23 per cent.

Payment for blood glucose monitors, test strips, lancets, lancing devices, needles including pen needles, calibration solution/chips, and syringes with a needle less than or equal to 1 milliliter will be based on wholesale acquisition cost (WAC) plus seven percent. In the event that WAC cannot be determined, reimbursement will be AWP minus 14.4 percent. The Medicaid maximum is the amount listed on the Department's Pharmacy fee schedule.

For all other items, payment is the lesser of the billed charge or an amount based on the Medicaid maximum for the service or item. The Medicaid maximum is the amount listed on the Department's Durable Medical Equipment fee schedule. Where no Medicaid maximum is specified, payment is 72 per cent of the list price or, if no list price is available, 147 per cent of the invoice price.

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

The agency's Medical supplies, equipment, and appliances fee schedule was set as of January 1, 2014 and is effective for services provided on or after that date. The agency's diabetic testing and injection supplies fee schedule (under the Pharmacy fee schedule) was set as of July 1, 2013, 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.

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

24-a. Transportation.

Payment is the lesser of the billed 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, 2014, 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.