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State/Territory Name: Ohio

State Plan Amendment (SPA) #: 21-0004

This file contains the following documents in the order listed:

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

March 31, 2021

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

Re: Ohio State Plan Amendment (SPA) 21-0004

Dear Ms. Corcoran:

We have reviewed the proposed amendment to add section 7.5.A-4, Disaster Relief SPA Rescissions: Nursing Facility (NF) and Intermediate Care Facility (ICF) Bed-Hold Days, to Ohio's Medicaid state plan, as submitted under transmittal number (TN) 21-0004. This amendment proposes to rescind a temporary policy increasing the number of bed-hold days available to NF and ICF residents from 30 days to 60 days which was previously approved in section 7.5 of the Medicaid State Plan through the submission of a Medicaid Disaster Relief SPA.

We conducted our review of your submittal according to the statutory requirements at section 1902(a) of the Act and implementing regulations. Section 7.5 of the Medicaid state plan provides temporary authority for this provision and is intended to be in effect only for the duration of the COVID-19 public health emergency (PHE). Due to the temporary nature of this provision and because Ohio has elected to rescind the increase in NF and ICF bed-hold days prior to the end of the COVID-19 PHE, Medicaid SPA TN 21-0004 is approved effective January 1, 2021.

Enclosed is a copy of the CMS-179 summary form and the approved state plan page.

Please contact Christine Davidson at (312) 886-3642 or by email at Christine.davidson@cms.hhs.gov if you have any questions about this approval.

Sincerely,

Alissa M.
Deboy -S

Digitally signed by Alissa
M. Deboy -S
Date: 2021.03.31
10:17 21 -04'00'

Alissa Mooney DeBoy
On Behalf of Anne Marie Costello, Acting Director
Center for Medicaid & CHIP Services

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 21-004	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, 2021	
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: Section 1135 of the Act Title XIX of the Social Security Act		7. FEDERAL BUDGET IMPACT: a. FFY 2021 \$ 0 b. FFY 2022 \$ 0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Addendum 7.5.A-4		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>):	
10. SUBJECT OF AMENDMENT: Section 1135 Disaster Relief Rescissions: NF and ICF Bed-hold Days			
11. GOVERNOR'S REVIEW (<i>Check One</i>):			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: The State Medicaid Director is the Governor's designee	
12. SIGNATURE OF STATE AGENCY OFFICER		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 19, 2021			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 01/19/2021		18. DATE APPROVED: 03/31/2021	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 01/01/2021		20. SIGNATURE OF REGIONAL OFFICIAL:	
21. TYPED NAME: Alissa Mooney DeBoy		Alissa M. DeBoy -S Digitally signed by Alissa M. DeBoy -S Date: 2021.03.31 10:18:26 -04'00'	
23. REMARKS: The state agreed to remove references to Section 1135 in Box 6 & Box 10 which are not applicable to this SPA. <i>ed</i>		22. TITLE: Acting Director, Center for Medicaid & CHIP Services	

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State/Territory: Ohio

7.5.A-4. Rescissions to the State's Disaster Relief Policies for the COVID-19 National Emergency

Effective January 1, 2021 the agency rescinds the election at E.4. of section 7.5 (approved on 05/22/2020 in SPA Number OH-20-0012) of the state plan to temporarily increase limits to the number of bed hold days nursing facility residents and individuals residing in intermediate care facilities for individuals with intellectual disabilities may receive, from 30 days per calendar year as described in Attachment 4.19-C, Supplements 1, 2 and 3 of the state plan, to 60 days per calendar year.