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State/Territory Name: OH

State Plan Amendment (SPA) #: 21-0028

This file contains the following documents in the order listed:

Approval Letter
CMS 179 Form/Summary Form (with 179-like data)
Approved SPA Pages



Financial Management Group

December 15, 2021

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

RE: Ohio State Plan Amendment (SPA) 21-0028

Dear Ms. Corcoran:

We have reviewed the proposed amendment to Attachments 4.19-D of your Medicaid State plan submitted under transmittal number 21-0028 titled "Payment for Services: ICF-IID Payment Changes."

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 implementing Federal regulations at 42 CFR 447 Subpart C. We have found that the proposed reimbursement methodology complies with applicable requirements and therefore have approved them with an effective date of July 1, 2021. We are enclosing the CMS-179 and the amended approved plan pages.

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

Sincerely,

Rory Howe Director

TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE
STATE PLAN MATERIAL	21-028	ОШО
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	4. PROPOSED EFFECTIVE DATE July 01, 2021	
DEPARTMENT OF HEALTH AND HUMAN SERVICES	outy 01, 2021	

5. TYPE OF PLAN MATERIAL (Check One):

NEW STATE PLAN AMENDMENT TO BE C	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; 447 Subpart C; and 483 Subpart I	a. FFY 2021 \$306 thous	sands
	b. FFY 2022 \$1,147 the	ousands
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION	
	OR ATTACHMENT (If Applicable):	
Attachment 4.19-D Supplement 2 Page 1	Attachment 4.19-D Supplement 2 Page 1 (TN	18-019)
Automitent 4.17-D Supplement 2.1 age 1	Autominient 4.19-D Supplement 2 Lage 1 (11)	10-017)

10. SUBJECT OF AMENDMENT: Payment for Services: ICF-IID Payment Changes

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: 13. TYPED NAME: MAUREEN M. CORCORAN 14. TITLE: STATE MEDICAID DIRECTOR	16. RETURN TO: Carolyn Humphrey Ohio Department of Medicaid P.O. BOX 182709 Columbus, Ohio 43218	
15. DATE SUBMITTED: September 27, 2021		
FOR REGIONAL OFFICE USE ONLY		
17. DATE RECEIVED: 9/27/2021	18. DATE APPROVED: December 15, 2021	
PLAN APPROVED – ONE COPY ATTACHED		
19. EFFECTIVE DATE OF APPROVED MATERIAL: 7/1/2021	EGIONAL OFFICIAL:	
21. TYPED NAME: Rory Howe	22. TITLE: Director	

23. REMARKS:

For the State biennium beginning July 1, 2021 and ending June 30, 2023, the payment methodologies set forth in this Supplement shall remain the same as on June 30 2021, but the payments calculated in accordance with these methodologies shall be increased by 2%.

Applies to New and Retiring Methodologies

Background

Facility-specific rates for Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF-IID) are established prospectively using facility cost report data from the calendar year preceding the fiscal year in which rates will be set. The cost report is Ohio-specific, and is submitted electronically within 90 days after the end of the reporting period. Each cost report contains the following cost centers and the rate is the sum of the following components:

- 1) Direct Care costs
- 2) Indirect Care costs
- 3) Capital costs
- 4) Other Protected costs

Cost reports reflect allowable costs (costs determined by the State to be reasonable and do not include fines paid). Unless otherwise specified, allowable costs are determined in accordance with the following, as currently issued and updated, in the following priority:

- 1) Title 42 Code of Federal Regulations (CFR) Chapter IV
- 2) The provider reimbursement manual (CMS Publication 15-1)
- 3) Generally accepted accounting principles.

A reasonable cost is one that is an actual cost that is appropriate and helpful to develop and maintain the operation of patient care facilities and activities, including normal standby costs and that do not exceed what a prudent buyer pays for a given item or services. The costs of goods, services and facilities furnished to a provider by a related party are includable in the allowable costs of the provider at the reasonable cost to the related party.

TN: <u>21-028</u> Supersedes: TN: <u>18-019</u> Approval Date: <u>12/15/2021</u>

Effective Date: <u>07/01/2021</u>