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State/Territory Name: OH

State Plan Amendment (SPA) #: 21-0028

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) 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

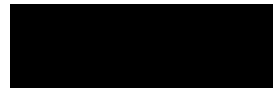
Dear Ms. Corcoran:

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

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: 21-028
Supersedes:
TN: 18-019

Approval Date: 12/15/2021
Effective Date: 07/01/2021