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State/Territory Name: Ohio

State Plan Amendment (SPA) #: 21-0036

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

601 E. 12th St., Room 355

Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

February 23, 2022

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 Transmittal Number 21-0036

Dear Ms. Corcoran:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number 21-0036. This amendment updates Ohio's state plan to comply with the requirements for assurance of Medicaid coverage for non-emergency medically related transportation in accordance with section 209 of the Consolidated Appropriations Act of 2021.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations at 42 CFR 410.40-41, 431.53, and 440.170. This letter is to inform you that Ohio Medicaid SPA 21-0036 was approved on February 23, 2022, with an effective date of December 27, 2021.

If you have any questions, please contact Christine Davidson at (312) 886-3642 or via email at christine.davidson@cms.hhs.gov.

Sincerely,

A large black rectangular redaction box covers the signature of James G. Scott.

James G. Scott, Director
Division of Program Operations

cc: Rebecca Jackson, ODM
Gregory Niehoff, ODM
Melissa Musotto, CMCS

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 1 — 0 3 6

2. STATE

OH

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT

XIX XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

December 27, 2021

5. FEDERAL STATUTE/REGULATION CITATION

The Consolidated Appropriations Act of 2021 (Pub.L. 116-260); Social Security Act §§ 1902(a), 1903(i), 1937(a); 42 CFR 410.40-41, 431.53, 440.170

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2022 \$ 0
b. FFY 2023 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

**Attachment 3.1-D, Page 1 of 2
Attachment 3.1-D, Page 2 of 2 (new)**

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Attachment 3.1-D, Page 1 of 1 (TN 09-010)

9. SUBJECT OF AMENDMENT

Assurance Requirements for and Medicaid Coverage of Non-Emergency Medically-related Transportation

10. 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.

11. SIGNATURE OF STATE AGENCY OFFICIAL

[Redacted Signature]

15. RETURN TO

**Carolyn Humphrey
Ohio Department of Medicaid
P.O. BOX 182709
Columbus, Ohio 43218**

12. TYPED NAME

MAUREEN M. CORCORAN

13. TITLE

STATE MEDICAID DIRECTOR

14. DATE SUBMITTED

December 20, 2021

FOR CMS USE ONLY

16. DATE RECEIVED

December 20, 2021

17. DATE APPROVED

02/23/2022

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

December 27, 2021

19. SIGNATURE OF APPROVING OFFICIAL

[Redacted Signature]

20. TYPED NAME OF APPROVING OFFICIAL

James G. Scott

21. TITLE OF APPROVING OFFICIAL

Director, Division of Program, Operations

22. REMARKS

Methods for Assuring Transportation

The Ohio Medicaid program assures Medicaid-eligible individuals of necessary transportation to or from Medicaid-coverable services.

For individuals enrolled in hospice, necessary transportation related to the terminal illness is covered under the hospice benefit.

For residents of a long-term care facility (nursing facility, skilled nursing facility, intermediate care facility for individuals with intellectual disabilities), necessary transportation by means other than ambulance or wheelchair van is covered under the long-term care benefit.

For all Medicaid-eligible individuals, necessary transportation by ambulance or wheelchair van (except transportation related to the terminal illness for a hospice enrollee) is covered under the general Medicaid benefit, administered either by the State through its Department of Medicaid (Department) or by a managed care organization.

For individuals enrolled in a managed care plan administered by a managed care organization, necessary non-emergency transportation by means other than an ambulance or wheelchair van (e.g., taxicab, van, sedan) may be covered under the managed care benefit.

For all Medicaid-eligible individuals for whom necessary transportation is not explicitly covered under some aspect of the Medicaid benefit, necessary non-emergency medically-related transportation (NEMT) assistance may be provided by the county department of job and family services (CDJFS) acting on behalf of the Department. The types of assistance offered range from actual rides to fuel subsidy and depend on what resources are available locally.

Payment amounts for NEMT rides furnished by a vendor under contract with a CDJFS are established through negotiation in accordance with standard county procurement practices. This business-oriented approach helps to ensure that NEMT services are available and accessible to Medicaid-eligible individuals to the same degree that they are available and accessible to non-Medicaid-eligible individuals. Payment amounts for wheelchair van services are set by the State and reviewed periodically to address payment rate sufficiency and provider concerns.

The State makes the following attestations:

Each Medicaid-enrolled provider of wheelchair van services and each NEMT vendor under contract with a CDJFS (including a transportation network company or an individual driver but excluding any public transit authority) meets the following specified minimum requirements:

- (1) The provider/vendor is not excluded from participation in any federal health care program (as defined in section 1128B(f) of the Social Security Act) and is not included on the List of Excluded Individuals and Entities (LEIE) maintained by the Inspector General of the Department of Health and Human Services.
- (2) Each individual driver has a valid driver's license.
- (3) The provider/vendor has in place a process that complies with Ohio Medicaid rules and addresses the identification and handling of disqualifying offenses committed by individual drivers, particularly offenses in violation of a state drug law or traffic regulation.
- (4) For each driver employed or applying for employment, a certified driving record history is obtained from the Bureau of Motor Vehicles of the Ohio Department of Public Safety.

Provision of NEMT furnished through the managed care delivery system is addressed in the managed care organization's provider agreement, which ensures that all services covered under the state plan are available and accessible to enrollees of managed care plans in a timely manner.