

## **Table of Contents**

**State Territory Name: OHIO**

**State Plan Amendment (SPA) #: 23-0040**

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

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Center for Medicaid & CHIP Services  
233 North Michigan Ave., Suite 600  
Chicago, Illinois 60601



---

**Financial Management Group**

November 27, 2023

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

RE: Ohio State Plan Amendment 23-0040

Dear Director Corcoran:

We have reviewed the proposed Ohio State Plan Amendment (SPA) to Attachment 4.19-B, OH-23-0040, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on November 9, 2023. This plan updates the rates for home health and private duty nursing services.

Based upon the information provided by the State, we have approved the amendment with an effective date of January 1, 2024. We are enclosing the approved CMS-179 and a copy of the new state plan page.

If you have any questions or need further assistance, please contact Debi Benson at 1-312-886-0360 or [Deborah.Benson@cms.hhs.gov](mailto:Deborah.Benson@cms.hhs.gov).

Sincerely,



Todd McMillion  
Director  
Division of Reimbursement Review

Enclosures

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

1. TRANSMITTAL NUMBER <u>2 3</u> — <u>0 4 0</u>	2. STATE <u>OH</u>
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	

TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE <b>January 1, 2024</b>
--	--

5. FEDERAL STATUTE/REGULATION CITATION <b>42 CFR § 440.70, 440.80</b>	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2024</u> \$ <u>17,004,557</u> b. FFY <u>2025</u> \$ <u>22,778,525</u>
--	---


7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <b>Attachment 4.19-B, Item 7-a, page 1 of 1</b> <b>Attachment 4.19-B, Item 7-b, page 1 of 1</b> <b>Attachment 4.19-B, Item 8, page 1 of 1</b>	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <b>Attachment 4.19-B, Item 7-a, page 1 of 1 (TN 21-029)</b> <b>Attachment 4.19-B, Item 7-b, page 1 of 1 (TN 21-029)</b> <b>Attachment 4.19-B, Item 8, page 1 of 1 (TN 21-029)</b>
---	--

9. SUBJECT OF AMENDMENT  
**Payment for Services: Home Health and Private Duty Nursing Rate Increase**

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

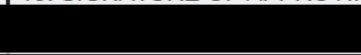
OTHER, AS SPECIFIED:  
**The State Medicaid Director is the Governor's designee**

11. SIGNATURE OF STATE AGENCY OFFICIAL 	15. RETURN TO  <b>Greg Niehoff</b> <b>Ohio Department of Medicaid</b> <b>P.O. BOX 182709</b> <b>Columbus, Ohio 43218</b>
12. TYPED NAME <b>MAUREEN M. CORCORAN</b>	
13. TITLE <b>STATE MEDICAID DIRECTOR</b>	
14. DATE SUBMITTED November 9, 2023	

**FOR CMS USE ONLY**

16. DATE RECEIVED <b>NOVEMBER 9, 2023</b>	17. DATE APPROVED <b>November 27, 2023</b>
---	---

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL <b>JANUARY 1, 2024</b>	19. SIGNATURE OF APPROVING OFFICIAL 
20. TYPED NAME OF APPROVING OFFICIAL <b>TODD MCMILLION</b>	21. TITLE OF APPROVING OFFICIAL <b>DIRECTOR, DIVISION OF REIMBURSEMENT REVIEW</b>

22. REMARKS

## 7. Home Health Services

- a. Intermittent or part-time nursing services provided by a home health agency or by a registered nurse when no home health agency exists in the area.

Payment for an intermittent or part-time nursing visit is the lesser of the billed charge or an amount based on the Medicaid maximum for the service listed on the Department's fee schedule. "Base rate" means the amount reimbursed by Ohio Medicaid for the initial 35 to 60 minutes of service delivered. "Unit rate" means the amount paid for each 15-minute unit of service. Reimbursement for a visit is calculated as follows:

The Medicaid maximum rate for intermittent or part-time nursing services visit not rendered in a group setting is equal to the sum of:

- (1) The base rate; and
- (2) The unit rate for a visit in length beyond the initial hour of service, for each unit over the base rate, not to exceed four hours. For an initial visit less than 35 minutes, Ohio Medicaid will reimburse a maximum of one unit if the service is equal to or less than 15 minutes in length, and a maximum of two units if the service is 16 through 34 minutes in length.

The Medicaid maximum rate for intermittent or part-time nursing services visit rendered in a group setting is equal to 75% of the sum of:

- (1) The base rate; and
- (2) The unit rate for a visit in length beyond the initial hour of service, for each unit over the base rate, not to exceed four hours. For an initial visit less than 35 minutes, Ohio Medicaid will reimburse a maximum of one unit if the service is equal to or less than 15 minutes in length, and a maximum of two units if the service is 16 through 34 minutes in length.

All rates are published on the agency's website at

<https://medicaid.ohio.gov/wps/portal/gov/medicaid/resources-for-providers/billing/fee-schedule-and-rates/fee-schedule-and-rates>.

The agency's home health intermittent or part-time nursing services fee schedule was set as of January 1, 2024, 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.

TN: 23-040

Supersedes:

TN: 21-029

Approval Date: November 27, 2023

Effective Date: 01/01/2024

## 7. Home Health Services

### b. Home health aide services provided by a home health agency.

Payment for a home health aide visit is the lesser of the billed charge or an amount based on the Medicaid maximum for the service listed on the Department's fee schedule. "Base rate" means the amount reimbursed by Ohio Medicaid for the initial 35 to 60 minutes of service delivered. "Unit rate" means the amount paid for each 15-minute unit of service delivered when the initial visit is greater than 60 minutes in length or less than 35 minutes in length. Reimbursement for a visit is calculated as follows:

The Medicaid maximum rate for home health aide services visit not rendered in a group setting is equal to the sum of:

- (1) The base rate; and
- (2) The unit rate for a visit in length beyond the initial hour of service, for each unit over the base rate, not to exceed four hours. For an initial visit less than 35 minutes, Ohio Medicaid will reimburse a maximum of one unit if the services is equal to or less than 15 minutes in length, and a maximum of two units if the service is 16 through 34 minutes in length.

The Medicaid maximum rate for home health aide services rendered in a group setting is equal to 75% of the sum of:

- (1) The base rate; and
- (2) The unit rate multiplied by the number of covered units following the first four units included in the base rate.

All rates are published on the agency's website at <https://medicaid.ohio.gov/wps/portal/gov/medicaid/resources-for-providers/billing/fee-schedule-and-rates/fee-schedule-and-rates>.

The agency's home health aide services fee schedule was set as of January 1, 2024, 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.

## 8. Private Duty Nursing Services.

Payment is the lesser of the billed charge or an amount based on the Medicaid maximum fee for the service listed on the Department's fee schedule, calculated as follows.

“Base rate” means the amount reimbursed by Ohio Medicaid for the initial 35 to 60 minutes of service delivered. “Unit rate” means the amount paid for each 15-minute unit of service. Reimbursement for a private duty nursing visit is calculated as follows:

The Medicaid maximum rate for a private duty nursing visit not rendered in a group setting is equal to the sum of:

1. The base rate; and
2. The unit rate for a visit in length beyond the initial hour of service, for each unit over the base rate up and including no more than 16 hours per nurse, on the same date or during a 24-hour time period. For an initial visit less than 35 minutes, Ohio Medicaid will reimburse a maximum of one unit if the service is equal to or less than 15 minutes in length, and a maximum of two units if the service is 16 through 34 minutes in length.

The Medicaid maximum rate for a private duty nursing visit rendered in a group setting is equal to 75% of the sum of:

1. The base rate; and
2. The unit rate multiplied by the number of units over four.

All rates are published on the agency's website at <https://medicaid.ohio.gov/wps/portal/gov/medicaid/resources-for-providers/billing/fee-schedule-and-rates/fee-schedule-and-rates>.

The agency’s private duty nursing fee schedule was set as of January 1, 2024, 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.

The Department's fee schedule identifies two rates for private duty nursing services, one for agency providers and another for non-agency/independent nurses.