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State/Territory Name: Ohio

State Plan Amendment (SPA) #: 23-0047

This file contains the following documents in the order listed:

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

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 29, 2024

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) Transmittal Number 23-0047

Dear Director Corcoran:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number 23-0047. This SPA proposes to add coverage for temporary lodging targeted to families of children with special needs when the child is required to travel to receive treatment.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations. This letter is to inform you that Ohio Medicaid SPA 23-0047 was approved on February 29, 2024, with an effective date of January 1, 2024.

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

Sincerely,

A solid black rectangular box redacting the signature of James G. Scott.

James G. Scott, Director
Division of Program Operations

Enclosure

cc: Rebecca Jackson, ODM
Gregory Niehoff, ODM
Tamara Edwards, ODM
Brandon Smith, CMCS

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

1. TRANSMITTAL NUMBER <u>2</u> <u>3</u> — <u>0</u> <u>4</u> <u>7</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
January 1, 2024

5. FEDERAL STATUTE/REGULATION CITATION
§§ 1902(a)(4), 1903(i) of the Act; *see Block 22

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2024 \$ 937,500
b. FFY 2025 \$ 937,500

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 3.1-D, Page 1 of 2

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Attachment 3.1-D, Page 1 of 2 (TN-23-0022)

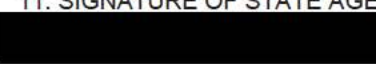
9. SUBJECT OF AMENDMENT

Lodging for Families Traveling to Receive Care for Their Children at Ohio Children's Hospitals

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


12. TYPED NAME
MAUREEN M. CORCORAN

13. TITLE
STATE MEDICAID DIRECTOR

14. DATE SUBMITTED
December 29, 2023

15. RETURN TO

**Greg Niehoff
Ohio Department of Medicaid
P.O. BOX 182709
Columbus, Ohio 43218**

FOR CMS USE ONLY

16. DATE RECEIVED
December 29, 2023

17. DATE APPROVED
02/29/2024

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
January 1, 2024

19. SIGN


20. TYPED NAME OF APPROVING OFFICIAL
James G. Scott

21. TITLE OF APPROVING OFFICIAL
Director, Division of Program Operations

22. REMARKS

*Consolidated Appropriations Act of 2021 (Pub.L. 116-260); 42 CFR 431.53, 440.170; 42 USC 1396(a)(4)

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 families with children who are receiving treatment at an Ohio Children's Hospital, temporary accommodations at a facility affiliated with the hospital are covered when the family's presence is necessary for the direct benefit of the child, and when the child has to travel to receive the treatment.

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 or by another administrative entity under the direction of either the Department or another state agency administering a component of the Medicaid program. The types of assistance offered range from actual rides to fuel subsidy and depend on what resources are available locally.

NEMT furnished by an entity under the direction of another state agency administering a component of the Medicaid program is treated as an administrative service under the State Plan.