

Table of Contents

State/Territory Name: Ohio

State Plan Amendment (SPA) #: 24-0004

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

November 13, 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) 24-0004 - Correction

Dear Director Corcoran:

Enclosed please find a corrected approval package for your Ohio State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0004. This SPA, which revises the state plan to allow an incentive payment for coverage of private rooms in nursing facilities when specific facility criteria are met, was originally approved on June 18, 2024. The approval package sent to Ohio included the following error:

- An incorrect TN is noted in the footer on Attachment 3.1-A, Item 4-a, Page 1 of 1. The footer lists the SPA TN as 24-003 instead of 24-004.

The enclosed corrected package contains the original signed letter, the CMS-179, and the corrected SPA pages.

If you have any questions, please contact Christine Davidson at (312) 886-3641 or via email at Christine.Davidson@cms.hhs.gov.

Sincerely,

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

James G. Scott, Director
Division of Program Operations

Enclosures

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355 (300)
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

June 18, 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) 24-0004

Dear Director Corcoran:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0004. In accordance with state legislation this amendment revises the state plan to allow an incentive payment for coverage of private rooms in nursing facilities when specific facility criteria are met.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations. This letter informs you that Ohio's Medicaid SPA TN 24-0004 was approved on June 18, 2024, with an effective date of October 1, 2024.

Enclosed are copies of Form CMS-179 and approved SPA pages to be incorporated into the Ohio State Plan.

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

Sincerely,

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

James G. Scott, Director
Division of Program Operations

Enclosures

cc: Rebecca Jackson, ODM
Gregory Niehoff, ODM
Tamara Edwards, ODM
Molly Long, CMCS
Matthew Weaver, CMCS
Fredrick Sebree, CMCS

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

1. TRANSMITTAL NUMBER

2 4 — 0 0 4

2. STATE

OH3. 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

October 1, 2024

5. FEDERAL STATUTE/REGULATION CITATION

1902(a)(30)(A) and 1905(a)(4)(A) of the Social Security Act

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2025 \$ 54,884,160b. FFY 2026 \$ 54,884,160

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Atch 3.1-A, Item 4-a, Page 1 of 1

Atch 4.19-C, Suppl. 1, Sec. 001.1, Page 1 of 1

Atch 4.19-D, Suppl. 1, Sec. 001.4, pages 1-2 of 2

Atch 4.19-D, Suppl. 1, Sec. 001.20.6, pages 1-2 of 2 (new)

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

Atch 3.1-A, Item 4-a, Page 1 of 1 (TN 19-011)

Atch 4.19-C, Suppl. 1, Sec. 001.1, Page 1 of 1 (TN 17-024)

Atch 4.19-D, Suppl. 1, Sec. 001.4, pages 1-2 of 2 (TN
19-011)

9. SUBJECT OF AMENDMENT

Payment for Services: Nursing Facility Private Rooms Payment 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

12. TYPED NAME

MAUREEN M. CORCORAN

13. TITLE

STATE MEDICAID DIRECTOR

14. DATE SUBMITTED

April 1, 2024

15. RETURN TO

Greg Niehoff

Ohio Department of Medicaid

P.O. BOX 182709

Columbus, Ohio 43218

FOR CMS USE ONLY

16. DATE RECEIVED

April 1, 2024

17. DATE APPROVED

06/18/2024

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

October 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

- 4-a. Nursing facility services (other than services in an institution of mental diseases) for individuals 21 years of age or older.

Included in the nursing facility per diem rate is room and board, including a private room if medically necessary, such as the need for infection control. Eligible facilities may also receive approval to receive an increased daily rate under the private room program.

The services included and not included in the nursing facility per diem rate are specified in Section 001.4 of Attachment 4.19-D, Supplement 1.

Leave Days

The Ohio Department of Medicaid will make payments to reserve a bed for a recipient during temporary absence for hospitalization for an acute condition, visits with relatives and friends, and participation in therapeutic programs outside the facility when the resident's plan of care provides for the absence for up to 30 days in a calendar year. Payment will equal 50% of the nursing facility's per diem if the nursing facility's occupancy exceeded 95% in the preceding calendar year and 18% of the nursing facility's per diem if the nursing facility's occupancy did not exceed 95% in the preceding calendar year.

The number of Leave Days in a calendar year and Leave Day payment applies equally to a reserved bed in a private room or when the individual is receiving ventilator services.

Relation to Other Services

The nursing facility per diem rate is a comprehensive rate that includes many items and services for which the provider is not paid directly by the Medicaid program. The following items and services are included in the nursing facility per diem rate:

- 1) Personal hygiene services provided by facility staff or contracted personnel;
- 2) The purchase and administration of tuberculin tests;
- 3) Drawing specimens and forwarding specimens to a laboratory;
- 4) Medical supplies, defined as items with a very limited life expectancy (e.g., atomizers, nebulizers, bed pans, catheters, hypodermic needles, syringes, incontinence pads, splints, and disposable ventilator circuits);
- 5) Needed medical equipment, defined as items that can stand repeated use, are primarily and customarily used to serve a medical purpose, are not useful to a person in the absence of illness or injury, and are appropriate for use in the facility (e.g., hospital beds, wheelchairs other than custom wheelchairs, and intermittent positive-pressure breathing machines). For dates of service on and after January 1, 2014, custom wheelchairs are not included in the nursing facility rate and are covered on a fee for service basis;
- 6) Emergency oxygen;
- 7) Over the counter drugs and nutritional supplements;
- 8) Physical therapy, occupational therapy, speech therapy and audiology services provided by licensed therapists or therapy assistants;
- 9) Respiratory therapy services, including physician ordered administration of aerosol therapy rendered by a licensed respiratory care professional;
- 10) Resident transportation other than medically necessary transportation by ambulance or wheelchair van. Medically necessary transportation of residents who do not require an ambulance or wheelchair van is paid through the NF per diem rate;
- 11) Private rooms, which will be reimbursed in accordance with Section 001.20.6 of Attachment 4.19-D.

The following items and services are not included in the nursing facility per diem rate but are paid directly to the provider by the Medicaid program:

- 1) Covered dental services provided by licensed dentists;
- 2) Laboratory and x-ray procedures covered under the Medicaid program;
- 3) Ventilators;
- 4) Prostheses and orthoses;
- 5) Pharmaceuticals, subject to the following conditions:
 - a) When new prescriptions are necessary following expiration of the last refill, the new prescription may be ordered only after the physician examines the patient;
 - b) A copy of all records regarding prescribed drugs for all patients must be retained by the dispensing pharmacy for at least six years;

- c) A receipt for drugs delivered to a NF must be signed by the facility representative at the time of delivery; a copy must be maintained by the pharmacy.
- 6) Behavioral health services;
- 7) Physician services;
- 8) Podiatry services;
- 9) Vision care services;
- 10) Custom wheelchairs;
- 11) Non-emergency oxygen;
- 12) Medically necessary resident transportation by ambulance or wheelchair van;
- 13) Acupuncture services in accordance with Attachment 3.1-A.

Private Room Program

Under the Ohio Department of Medicaid (ODM) nursing facility private room program, facilities who apply, meet specified eligibility requirements, and are approved by ODM to participate in the private room program will receive an increased per diem rate for those private rooms, regardless of medical necessity.

1) Reimbursement:

- a. For Category One private rooms, meaning the room has unshared access to a toilet and sink, the facility's per diem payment rate will be increased by \$30 per day.
- b. For Category Two private rooms, meaning the room has shared access to a toilet and sink, the facility's per diem payment rate will be increased by \$20 per day.

2) Eligibility Criteria:

Facilities must have one of the following:

- a. Private rooms that are in existence on July 1, 2023, in facilities where all of the licensed beds are in service on the application date.
- b. Private rooms created by surrendering licensed beds from its licensed capacity, or, if the facility does not hold a license, surrendering licensed beds that have been certified by CMS. A nursing facility where the beds are owned by a county and the facility is operated by a person other than the county may satisfy this requirement by removing beds from service.
- c. Private rooms created by adding space to the nursing facility or renovating non-bedroom space, without increasing the total licensed bed capacity.
- d. For a nursing facility licensed after July 1, 2023, all licensed beds are in service on the application date or private rooms were created by surrendering licensed beds from its licensed capacity.

3) Provider Exclusions:

Facilities will not be approved if any of the following circumstances apply:

- a. The rooms do not meet the above definitions of a Category One or Category Two private room.
- b. None of the above eligibility criteria are met.
- c. The facility created private rooms by reducing the number of available beds without surrendering the beds, and surrender of the beds is required.
- d. Approval of the room would cause projected expenditures for private room payments for the state fiscal year to exceed one hundred sixty million dollars in fiscal year 2025 or subsequent fiscal years.
- e. On the application date, the nursing facility is listed on table A or table D of the Special Focus Facility list or is designated as having a one-star overall rating in the CMS nursing facility five-star rating system, Care Compare.

4) Ongoing Requirements:

Beginning July 1, 2025, to retain eligibility for the increased per diem rate, a nursing facility must do both of the following:

- a. Have a policy in place to prioritize placement in a private room based on the medical and psychosocial needs of the resident; and

- b. Participate in Ohio's annual resident or family satisfaction survey.
- 5) Appeal Rights:
Facilities may request reconsideration if their application to participate in the private room program and receive the increased per diem rate is denied.