

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:
TN 02-024

2. STATE
Ohio

FOR: CENTERS FOR MEDICAID AND MEDICAID SERVICES

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID) Title XIX

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
November 14, 2002

5. TYPE OF PLAN MATERIAL (Check One):

- NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN x AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:
Section 1902 (a)(13)(A) of the Social Security Act

7. FEDERAL BUDGET IMPACT:
a. FFY 2002 \$0
b. FFY 2003 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19D: Delete rule 5101:3-3-80, pages 1 and 2

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Attachment 4.19D: Delete rule 5101:3-3-80, pages 1 and 2

10. SUBJECT OF AMENDMENT:
The payment provisions for therapy services provided in ICFs-MR is delineated in existing rule 5101:3-3-20.1 of the state plan. As a result, this rule is no longer deemed necessary and was rescinded on a permanent basis.

11. GOVERNOR'S REVIEW (Check One):
 GOVERNOR'S OFFICE REPORTED NO COMMENT x OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:
Thomas J. Hayes
14. TITLE:
Director
15. DATE SUBMITTED:
December 2, 2002

16. RETURN TO:
Becky Jackson
Bureau of Health Plan Policy
Ohio Department of Job and Family Services
30 East Broad Street, 27th floor
Columbus, Ohio 43215-3414

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:
12/2/02

18. DATE APPROVED:
1/23/03

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
11/14/02

20. SIGNATURE OF REGIONAL OFFICIAL:


21. TYPED NAME:
CHARLENE BROWN

22. TITLE:
Deputy Director, CMSO

23. REMARKS:

RECEIVED
DEC 03 2002
DMCH - IL/IN/OH

TO BE RESCINDED

5101:3-3-80

Reimbursement of therapy services in intermediate care facilities for the mentally retarded (ICFs-MR).

- (A) "Therapy services" means respiratory therapy, psychological therapy, physical therapy, occupational therapy, audiology and speech therapy services that are provided by appropriately licensed therapists or therapy assistants, and that are covered for ICF-MR residents either by medicare or medicaid programs.
- (B) The costs for therapy services including reasonable costs for rehabilitative, restorative, or maintenance therapy services rendered to facility residents by contracted staff or facility staff and the overhead costs to support the provision of such services are reimbursable through the rate determined in accordance with rule 5101:3-3-78 of the Administrative Code.

JAN 23 2003

TN # 02-024 APPROVAL DATE _____

SUPERSEDES

TN # 94-07 EFFECTIVE DATE 11/14/02

5101:3-3-80

TO BE RESCINDED

Effective: 11/14/2002

R.C. 119.032 review dates: 08/30/2002

CERTIFIED ELECTRONICALLY

Certification

11/04/2002

Date

Promulgated Under: 119.03
Statutory Authority: 5111.02
Rule Amplifies: 5111.01, 5111.02, 5111.263
Prior Effective Dates: 9/30/93

TN #02-024 APPROVAL DATE JAN 23 2003
SUPERSEDES
TN #94-07 EFFECTIVE DATE 11/14/02