

This email is a reminder about the Nursing Facility incentive payment program. The following contains important information from Ohio Department of Medicaid (ODM) regarding the online application process by which nursing facilities can apply for an incentive payment for Category One private rooms. **Please forward this information to the appropriate staff.**

House Bill 33 authorized \$160 million over the biennium for Medicaid private room payments. Payments will be made based on two categories of rooms:

- Category One: \$30 per day for private rooms with a private bath (toilet and sink).
- Category Two: \$20 per day for private rooms with a bath shared with one other person.

Beginning January 2, 2024, at 8:00 AM, pursuant to Am. Sub. H.B. 33 and Ohio Revised Code 5165.158, nursing facilities may apply to ODM to receive private room incentive payments for providing private rooms to Medicaid recipients. ODM is developing an online application and has filed emergency Ohio Administrative Code rule 5160-3-16.31 to facilitate this process. The application will be available by clicking this <https://survey.alchemer.com/s3/7584581/Nursing-Facility-Private-Rooms-Application>

The application for Category One private rooms will be available beginning January 2, 2024, at 8:00 AM, and will remain open until all funds are allocated. The application process will require nursing facilities to provide ODM with the information about the rooms for which the nursing facility is seeking an incentive payment, and to upload supporting documentation.

The application will require:

1. The Medicaid ID of the facility.
2. Name and email address of the person submitting the application.
3. Total number of nursing facility beds licensed by the Ohio Department of Health as of January 1, 2024. If county-owned, the number of certified beds as of January 1, 2024.
4. Number of Category One beds for which an incentive payment is being requested.

The application will require that nursing facilities identify how the private rooms were created by selecting all scenarios that apply in the application. These include:

1. Private rooms were in existence on July 1, 2023, and all of the licensed beds were in service on the application date.
2. Private rooms were created by surrendering licensed beds from its licensed capacity, or, if the nursing facility does not hold a license, surrendering 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.
3. Private rooms that will be created by surrendering licensed beds from its licensed capacity, or, if the nursing facility does not hold a license, surrendering 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.
 - a. NOTE: Surrendering beds does not need to be complete at the time of application but will need to be complete before an application can be approved by ODM.
4. Private rooms were created by adding space to the nursing facility or renovating non-bedroom space, without increasing the total licensed bed capacity.
 - a. NOTE: Renovating space needs to be complete before an application can be approved, but renovations do not need to be complete at the time of application.

5. A nursing facility licensed after July 1, 2023, in which all licensed beds are in service on the application date or in which private rooms were created by surrendering licensed beds from its licensed capacity.

The application will also require that nursing facilities upload the following supporting documentation:

1. A .pdf document (maximum of 10 MB) list of all nursing facility rooms and their corresponding number of beds, designating the rooms for which private room incentive payment approval is requested and identifying which rooms are Category One as defined in section 5165.158 of the Revised Code.
2. Up to five .pdf documents (maximum of 10 MB each) that show the floor plan of the entire nursing facility that identifies each private room with the designated room number and designated bathroom. Arrows should indicate the path between each resident room and the bathroom and each resident room and the hallway.

All required documents must be in .pdf format. All document file names must begin with the provider's seven-digit Medicaid ID as the first seven characters of the file name. All files submitted must be clear and legible.

Upon submission of the application, submitters will receive an email from NF_PrivateRoom@medicaid.ohio.gov that confirms receipt of the application and includes their responses to all questions. If you are submitting an application for more than one nursing facility, you must close and relaunch a new application for each Medicaid Provider ID.

Applications will be held in a pending status in the order submitted until the Centers for Medicare and Medicaid Services (CMS) approves private room incentive payments and the department determines a nursing facility is qualified to receive the private room incentive payment. The department will notify nursing facilities of the opportunity to submit an application beginning March 1, 2024, to receive incentive payments for Category Two beds, based on available funding.

Additional information may be requested by ODM to ensure a nursing facility's eligibility. Facilities will have 10 business days from the date of the request to provide this additional information. Failure to submit the requested information within 10 business days will invalidate the original application's submission and place in line. The nursing facility may submit a new application, which will be considered chronologically based on the new submission date.

Submit any questions to NF_PrivateRoom@medicaid.ohio.gov
ODM sincerely thanks you for your participation in this process.

Screen 1:

Nursing Facility Private Rooms Application

Nursing Facility Private Rooms Application Instructions

Welcome to the Ohio Department of Medicaid's (ODM) online application process by which nursing facilities (NF) can apply for incentive payments for Category One private rooms.

Pursuant to Am. Sub. H.B. 33 and Ohio Revised Code 5165.158, nursing facilities may apply to ODM to receive private room incentive payments for providing private rooms to Medicaid recipients. ODM has developed this online application and has filed emergency Ohio Administrative Code rule 5160-3-16.31 to facilitate this process.

This application for Category One private rooms is available and will remain open until all funds are allocated. The application process will require nursing facilities to provide ODM with the information about the rooms for which the nursing facility is seeking an incentive payment, and to upload supporting documentation.

The application will require:

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The application will require that nursing facilities identify how the private rooms were created by selecting all scenarios that apply in the application. These include:

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2. Private rooms were created by surrendering licensed beds from its licensed capacity, or, if the nursing facility does not hold a license, surrendering 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.
3. Private rooms that will be created by surrendering licensed beds from its licensed capacity, or, if the nursing facility does not hold a license, surrendering 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.
 - a. NOTE: Surrendering beds does not need to be complete at the time of application but will need to be complete before an application can be approved by ODM.
4. Private rooms were created by adding space to the nursing facility or renovating non-bedroom space, without increasing the total licensed bed capacity.
 - a. NOTE: Renovating space needs to be complete before an application can be approved, but renovations do not need to be complete at the time of application.
5. A nursing facility licensed after July 1, 2023, in which all licensed beds are in service on the application date or in which private rooms were created by surrendering licensed beds from its licensed capacity.

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All required documents must be in .pdf format. All document file names must begin with the provider's seven-digit Medicaid ID as the first seven characters of the file name. All files submitted must be clear and legible.

Upon submission of the application, submitters will receive an email from NF_PrivateRoom@medicaid.ohio.gov that confirms receipt of the application and includes their responses to all questions. If you are submitting an application for more than one nursing facility, you must close and relaunch a new application for each Medicaid Provider ID.

Applications will be held in a pending status in the order submitted until the Centers for Medicare and Medicaid Services (CMS) approves private room incentive payments and the department determines a nursing facility is qualified to receive the private room incentive payment. The department will notify nursing facilities of the opportunity to submit an application beginning March 1, 2024, to receive incentive payments for Category Two beds, based on available funding.

Additional information may be requested by ODM to ensure a nursing facility's eligibility. Facilities will have 10 business days from the date of the request to provide this additional information. Failure to submit the requested information within 10 business days will invalidate the original application's submission and place in line. The nursing facility may submit a new application, which will be considered chronologically based on the new submission date.

Please note that once a valid Medicaid Provider ID is entered and "Next" is selected, that Provider ID is locked into that application response until "Submit" is selected. If you are completing the application for more than one NF, you must close and relaunch a new application for each Medicaid Provider ID response. Please be sure to confirm the Medicaid Provider ID is correct before selecting "Next". If you have not hit "Submit", simply using the "Back" button will not clear the first Medicaid Provider ID entered. To ensure accurate responses, please begin a new application for each NF.

Submit any questions to NF_PrivateRoom@medicaid.ohio.gov

ODM sincerely thanks you for your participation in this process.

Medicaid Provider ID

Medicaid Provider ID

Next

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Screen 2:

Nursing Facility Private Rooms Application

All required fields must be completed before the application can be submitted*.

Upon submission, the individual completing the application will receive a confirmation email from NF_PrivateRoom@medicaid.ohio.gov. Please check your Spam/Junk folder for email response.

Medicaid Provider ID *

Characters used: 7 (minimum 7).
Characters used: 7 out of 7.

Name of person completing the survey *

Email address of person completing the survey *

Total number of beds licensed by Ohio Department of Health as of January 1, 2024. If county-owned, number of certified beds as of January 1, 2024. *

Number of Category One beds for which incentive payment is being requested. *

Back

Next

25%



Screen 3:

Nursing Facility Private Rooms Application

Please select all of the following that apply to the private rooms included in this application: *

- Private rooms were in existence on July 1, 2023, and all of the licensed beds were in service on the application date.
- Private rooms were created by surrendering licensed beds from its licensed capacity, or, if the nursing facility does not hold a license, surrendering 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.
- Private rooms that will be created by surrendering licensed beds from its licensed capacity, or, if the nursing facility does not hold a license, surrendering 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. **NOTE: Surrendering beds does not need to be complete at the time of application but will need to be complete before an application can be approved by ODM.**
- Private rooms were created by adding space to the nursing facility or renovating non-bedroom space, without increasing the total licensed bed capacity. **NOTE: Renovating space needs to be complete before an application can be approved, but renovations do not need to be complete at the time of application.**
- A nursing facility licensed after July 1, 2023, in which all licensed beds are in service on the application date or in which private rooms were created by surrendering licensed beds from its licensed capacity.

Upload a .pdf document (maximum of 10 MB) list of all nursing facility rooms and their corresponding number of beds, designating the rooms for which private room incentive payment approval is requested and identifying which rooms are Category One as defined in section 5165.158 of the Revised Code.

All required documents must be in .pdf format. All document file names must begin with the provider's seven-digit Medicaid ID as the first seven characters of the file name. All files submitted must be clear and legible. *

Browse...

Upload up to five .pdf documents (maximum of 10 MB each) that show the floor plan of the entire nursing facility that identifies each private room with the designated room number and designated bathroom. Arrows should indicate the path between each resident room and the bathroom and each resident room and the hallway.

All required documents must be in .pdf format. All document file names must begin with the provider's seven-digit Medicaid ID as the first seven characters of the file name. All files submitted must be clear and legible. *

Browse...

Back Next

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Screen 4:

Nursing Facility Private Rooms Application

Please read and accept the attestation language to complete your application

"By clicking "submit", I attest that I have been authorized and designated by this nursing facility to complete and submit this application on behalf of the facility. I further attest that the information and documentation I am providing in this application is true, accurate, and complete to the best of my knowledge, information, and belief and that I have made a good faith effort to so ensure. I understand that any falsification, omission, or concealment of information may disqualify this application."

Please indicate that you have read and understand the above information *

I have read and understand the information above

Signature of person completing application: *

[Clear](#)

Sign name using mouse or touch pad

Signature of

Today's Date *

 

[Back](#) [Submit](#)



Screen 5:



**Department of
Medicaid**

Nursing Facility Private Rooms Application

Thank you for your application. Your response is very important to us. The individual completing the application will receive a confirmation email from NF_PrivateRoom@medicaid.ohio.gov. Please check your Spam/Junk folder for email response.

100%