

5160-1-90**One-time medicaid provider relief payments: home and community based waiver providers.**

The Ohio department of medicaid (ODM) shall make relief payments available to medicaid home and community-based services providers, as authorized under the "American Rescue Plan Act of 2021," Pub. L. No. 117-2 and Section 220.50 of Amended Substitute House Bill 169 of the 134th General Assembly:

(A) ODM will make available a one-time payment, in the form of a temporary percentage increase in a provider's base rate, to active, non-public providers of the following services:

(1) Department of developmental disabilities (DODD)-operated individual options, level one, and self-empowered life funding (SELF) waiver programs

(a) Adult day support, as defined in rule 5123-9-17 of the Administrative Code

(b) Career planning, as defined in rule 5123-9-13 of the Administrative Code

(c) Community respite, as defined in rule 5123-9-22 of the Administrative Code

(d) Group employment support, as defined in rule 5123:2-9-16 of the Administrative Code

(e) Homemaker/personal care, as defined in rule 5123-9-30 of the Administrative Code

(f) Homemaker/personal care services - daily billing unit, as defined in rule 5123-9-31 of the Administrative Code

(g) Individual employment support, as defined in rule 5123:2-9-15 of the Administrative Code

(h) Informal respite, as defined in rule 5123-9-21 of the Administrative Code

(i) Non-medical transportation, as defined in rule 5123-9-18 of the Administrative Code

(j) Participant-directed homemaker and personal care, as defined in rule 5123-9-32 of the Administrative Code

(k) Residential respite, as defined in rule 5123-9-34 of the Administrative Code

(l) Shared living, as defined in rule 5123-9-33 of the Administrative Code

- (m) Transportation, as defined in rule 5123-9-24 of the Administrative Code
- (n) Vocational habilitation, as defined in rule 5123-9-14 of the Administrative Code
- (2) Ohio homecare, PASSPORT, and departments of medicaid and aging-operated waiver programs
 - (a) Adult day service, as defined in rules 173-39-02.1 and 5160-46-04 of the Administrative Code
 - (b) Alternative meal service, as defined in rule 173-39-02.2 of the Administrative Code
 - (c) Choices home care attendant service, as defined in rule 173-39-02.4 of the Administrative Code
 - (d) Community integration, as defined in rules 173-39-02.15 and 5160-44-14 of the Administrative Code
 - (e) Community transition, as defined in rules 173-39-02.17 and 5160-44-26 of the Administrative Code
 - (f) Enhanced community living, as defined in rule 173-39-02.20 of the Administrative Code
 - (g) Home care attendant service, as defined in rules 173-39-02.24 and 5160-44-27 of the Administrative Code
 - (h) Home-delivered meals, as defined in rules 173-39-02.14 and 5160-44-11 of the Administrative Code
 - (i) Home maintenance and chores, as defined in rules 173-39-02.5 and 5160-44-12 of the Administrative Code
 - (j) Homemaking, as defined in rule 173-39-02.8 of the Administrative Code
 - (k) Home medical equipment and supplies, as defined in rule 173-39-02.7 of the Administrative Code
 - (l) Home modification, as defined in rules 173-39-02.9 and 5160-44-13 of the Administrative Code
 - (m) Non-medical transportation, as defined in rule 173-39-02.18 of the Administrative Code

- (n) Nutritional consultations, as defined in rule 173-39-02.10 of the Administrative Code
 - (o) Out-of-home respite, as defined in rules 173-39-02.23 and 5160-44-17 of the Administrative Code
 - (p) Personal care, as defined in rules 173-39-02.11 and 5160-46-04 of the Administrative Code
 - (q) Personal emergency response system, as defined in rules 173-39-02.6 and 5160-44-16 of the Administrative Code
 - (r) Social work counseling service, as defined in rule 173-39-02.12 of the Administrative Code
 - (s) Supplemental adaptive and assistive device services as defined in rule 5160-46-04 of the Administrative Code
 - (t) Supplemental transportation services, as defined in rule 5160-46-04 of the Administrative Code
 - (u) Vehicle modifications, as defined in rule 5160-46-04 of the Administrative Code
 - (v) Waiver nursing service, as defined in rules 173-39-02.22 and 5160-44-22 of the Administrative Code
- (B) The value of the one-time provider payment will be established in the following manner: ODM and DODD will calculate the total value of claims paid to each eligible provider for services rendered during the period November 1, 2020 through October 31, 2021.
- (1) Base payment data as of February 1, 2022, will be utilized for establishing provider payment amounts.
 - (2) Total value of claims paid during the period November 1, 2020 through October 31, 2021 will exclude any provider relief payments previously issued to providers.
 - (3) Only provider claims submitted, paid, and reflected in the ODM management information technology system (MITS) on February 1, 2022, will be used to determine a provider's payment.
 - (4) The value of provider one-time payments will be equivalent to ten per cent of the total value of claims paid for services rendered during the period of November

1, 2020 through October 31, 2021. If ten per cent of the total value of claims is less than one hundred dollars, the provider payment will be one hundred dollars.

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CERTIFIED ELECTRONICALLY

Certification

03/01/2022

Date

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