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### 3. Supplemental Ventilator Care Payments for Nonpublic Nursing Facilities

(a) The Department will pay a supplemental ventilator care payment each calendar quarter, beginning July 1, 2012, to nursing facilities subject to the following:

(i) To qualify for the supplemental payment, the facility must first satisfy both of the following threshold criteria on the given Picture Date:

- a. the facility must have, at least, ten MA-recipient residents who receive necessary ventilator care; and
- b. the facility must have, at least, ten percent (10%) of their MA-recipient resident population receiving necessary ventilator care.

For example, a nursing facility with 120 MA-recipient residents must have at least 12 MA-recipient residents who require necessary ventilator care. Whereas, a facility with only 60 MA-recipient residents must have at least 10 MA-recipients who receive necessary ventilator care.

(ii) For purposes of subsection (a)(i), the percentage of the nursing facility's MA-recipient residents who receive necessary ventilator care will be calculated by dividing the total number of MA-recipient residents who receive necessary ventilator care by the total number of MA-recipient residents, and the result will be rounded to two percentage decimal points.

(iii) To qualify as a MA-recipient resident who receives necessary ventilator care, the resident shall be listed as an MA resident and have a positive response for the MDS item for ventilator use on the Federally-approved, PA-specific MDS assessment listed on the nursing facility's CMI Report for the given Picture Date.

(iv) The number of total MA-recipient residents is the number of MA-recipient residents listed on the nursing facility's CMI Report for the given Picture Date.

(v) The applicable Picture Dates and the schedule for authorization of any associated quarterly supplemental ventilator care payment are as follows:

<u>Picture Date</u>	<u>Supplemental Ventilator Care Payment</u>
February 1	September
May 1	December
August 1	March
November 1	June

(vi) If a nursing facility fails to submit a valid CMI Report for the picture date in the time frame outlined in § 1187.33(a)(5) (relating to resident data and picture date reporting requirements), the facility cannot qualify for a supplemental ventilator care payment.

(b) A nursing facility's supplemental ventilator care payment is calculated as follows:

(i) The supplemental ventilator care per diem shall equal  $((\text{number of MA-recipient residents who receive necessary ventilator care} / \text{total MA-recipient residents}) \times \$69) \times (\text{the number of MA-recipient residents who receive necessary ventilator care} / \text{total MA-recipient residents})$ .

(ii) The amount of total supplemental ventilator care payment shall equal the supplemental ventilator care per diem multiplied by the number of paid MA facility and therapeutic leave days.

(iii) If the Department grants a waiver to the 180-day billing requirement, the MA-paid days that may be billed pursuant to the waiver and after the authorization date of the waiver will not be included in the calculation of the supplemental ventilator care payment, and the Department will not retroactively revise the payment amount.

(iv) The paid MA facility and therapeutic leave days used to calculate a qualifying facility's supplemental ventilator care payment as described above will be obtained from the calendar quarter that contains the picture date used in the qualifying criteria as described in subsection (a).

(c) These payments will be made quarterly in each month listed in subsection (a).

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#### 4. Supplemental Ventilator Care Payments for County Nursing Facilities

(a) The Department will pay a supplemental ventilator care payment each calendar quarter, beginning July 1, 2012, to county nursing facilities subject to the following:

(i) To qualify for the supplemental payment, the county nursing facility must first satisfy both of the following threshold criteria on the given Picture Date:

- a. the facility must have, at least, ten MA-recipient residents who receive necessary ventilator care; and
- b. the facility must have, at least, ten percent (10%) of their MA-recipient resident population receiving necessary ventilator care.

For example, a county nursing facility with 120 MA-recipient residents must have at least 12 MA-recipient residents who require necessary ventilator care. Whereas, a facility with only 60 MA-recipient residents must have at least 10 MA-recipient residents who receive necessary ventilator care.

(ii) For purposes of subsection (a)(i), the percentage of the county nursing facility's MA-recipient residents who receive necessary ventilator care will be calculated by dividing the total number of MA-recipient residents who receive necessary ventilator care by the total number of MA-recipient residents, and the result will be rounded to two percentage decimal points.

(iii) To qualify as a MA-recipient resident who receives necessary ventilator care, the resident shall be listed as an MA resident and have a positive response for the MDS item for ventilator use on the Federally-approved, PA-specific MDS assessment listed on the county nursing facility's CMI Report for the given Picture Date.

(iv) The number of total MA-recipient residents is the number of MA-recipient residents listed on the county nursing facility's CMI Report for the given Picture Date.

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(v) The applicable Picture Dates and the schedule for authorization of any associated quarterly supplemental ventilator care payment are as follows:

<u>Picture Date</u>	<u>Supplemental Ventilator Care Payment</u>
February 1	September
May 1	December
August 1	March
November 1	June

(vi) If a county nursing facility fails to submit a valid CMI Report for the picture date in the time frame outlined in § 1187.33(a)(5) (relating to resident data and picture date reporting requirements), the facility cannot qualify for a supplemental ventilator care payment.

(b) A county nursing facility's supplemental ventilator care payment is calculated as follows:

(i) The supplemental ventilator care per diem shall equal ((number of MA-recipient residents who receive necessary ventilator care/total MA-recipient residents) x \$69) x (the number of MA-recipient residents who receive necessary ventilator care/total MA-recipient residents).

(ii) The amount of total supplemental ventilator care payment shall equal the supplemental ventilator care per diem multiplied by the number of paid MA facility and therapeutic leave days.

(iii) If the Department grants a waiver to the 180-day billing requirement, the MA-paid days that may be billed pursuant to the waiver and after the authorization date of the waiver will not be included in the calculation of the supplemental ventilator care payment, and the Department will not retroactively revise the payment amount.

(iv) The paid MA facility and therapeutic leave days used to calculate a qualifying facility's supplemental ventilator care payment as described above will be obtained from the calendar quarter that contains the picture date used in the qualifying criteria as described in subsection (a).

(c) These payments will be made quarterly in each month listed in subsection (a).