

Table of Contents

State/Territory Name: GA

State Plan Amendment (SPA) #: 21-0007

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

Department of Health & Human Services
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850



Financial Management Group

September 13, 2021

Lynnette R. Rhodes, Esq.
Executive Director, Medical Assistance Plans
Department of Community Health
2 Peachtree St., 36th Floor Atlanta, Georgia 30303-3159

RE: State Plan Amendment (SPA) 21-0007

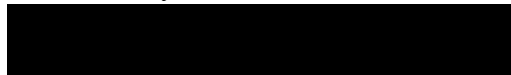
Dear Ms. Rhodes:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State plan submitted under transmittal number 21-0007. Effective July 1, 2021, this amendment proposes to increase the rates for specialized nursing home mechanical ventilator care.

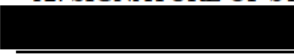
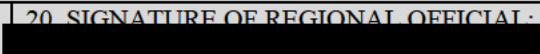
We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903(a) of the Social Security Act and the implementing Federal regulations at 42 CFR 447 Subpart C. We have found that the proposed reimbursement methodology complies with applicable requirements and therefore have approved them with an effective date of July 1, 2021. We are enclosing the CMS-179 and the amended approved plan pages.

If you have any questions, please contact Fredrick Sebree at Fredrick.sebree@cms.hhs.gov.

Sincerely,



For
Rory Howe
Acting Director

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 21-0007	2. STATE GEORGIA
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE: July 1, 2021	
5. TYPE OF PLAN MATERIAL (<i>Check One</i>):			
NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input type="checkbox"/> XX AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (<i>Separate Transmittal for each amendment</i>)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR part 447		7. FEDERAL BUDGET IMPACT: FFY21: \$225,819 FFY22: \$677,456	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-D Page 34 and Supplement 1 to Attachment 4.19-D, page 1		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Attachment 4.19-D Page 34 and Supplement 1 to Attachment 4.19-D, page 1	
10. SUBJECT OF AMENDMENT: The Department is proposing a 5.9% rate increase for specialized nursing home mechanical ventilator care. The per diem will increase from \$ \$556.77 to \$589.62.			
11. GOVERNOR'S REVIEW (<i>Check One</i>):			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED:	
<input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED		Single State Agency Comments Attached	
<input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO:	
13. TYPED NAME: LYNNETTE R. RHODES, ESQ.		Department of Community Health Division of Medicaid 2 Peachtree Street, NW, 36th Floor Atlanta, Georgia 30303-3159	
14. TITLE: EXECUTIVE DIRECTOR, MEDICAL ASSISTANCE PLANS			
15. DATE SUBMITTED: 7/1/2021			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 7/1/2021		18. DATE APPROVED: 9/13/2021	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 7/1/2021		20. SIGNATURE OF REGIONAL OFFICIAL:  For	
21. TYPED NAME: Rory Howe		22. TITLE: Acting Director, Financial Management Group	

23. REMARKS: State updated the fiscal impact in block 7 on 8/22/2021 to conform to FFY impacts

State authorized update to the 179 regarding the submission date in block 15 to be changed to 7/1/2021

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES-
NURSING FACILITY SERVICES

2. Nursing Facility Rate Determination for Ventilator Dependent Residents

- (1) Effective for dates of service on and after July 1, 2019, the nursing facility per diem for a ventilator dependent resident will be \$540.55.

Effective for dates of service on and after July 1, 2020, the nursing facility per diem for a ventilator dependent resident will be \$556.77.

Effective for dates of service on and after July 1, 2021, the nursing facility per diem for a ventilator dependent resident will be \$589.62.

- (2) The per diem costs of providing services to the ventilator dependent residents shall be maintained separately (as a distinct part) of each facility's annual cost report beginning November 13, 2009.
- (3) Ventilator dependent per diem rates will cover all skilled nursing care services and will be all-inclusive.
- (4) No additional amount above the current nursing facility daily rate shall be allowed until the service is prior authorized by the Department's Medical Management Contractor.
- (5) The resident's clinical condition shall be reviewed every 90 days to determine if the resident's medical condition continues to warrant services at the ventilator dependent nursing facility rate. Prior authorization through the Department's Medical Management Contractor spans a 90-day maximum time period. The nursing facility is required to resubmit requests for continued stay prior to expiration of the current PA. If a resident no longer requires the use of a ventilator, the provider shall not receive additional reimbursement beyond the Georgia Medicaid nursing home per diem rate determined for the facility.

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES-
NURSING FACILITY SERVICES

NURSING FACILITY RATE DETERMINATIONS FOR VENTILATOR DEPENDENT
RESIDENTS

- (1) Effective for dates of service on and after July 1, 2019, the nursing facility per diem for a ventilator dependent resident will be \$540.55.

Effective for dates of service on and after July 1, 2020, the nursing facility per diem for a ventilator dependent resident will be \$556.77.

Effective for dates of service on and after July 1, 2021, the nursing facility per diem for a ventilator dependent resident will be \$589.62.

- (2) The per diem costs of providing services to the ventilator dependent residents shall be maintained separately (as a distinct part) of each facility's annual cost report beginning November 13, 2009.
- (3) Ventilator dependent per diem rates will cover all skilled nursing care services and will be all-inclusive.
- (4) No additional amount above the current nursing facility daily rate shall be allowed until the service is prior authorized by the Department's Medical Management Contractor.
- (5) The resident's clinical condition shall be reviewed every 90 days to determine if the resident's medical condition continues to warrant services at the ventilator dependent nursing facility rate. Prior authorization through the Department's Medical Management Contractor spans a 90-day maximum time period. The nursing facility is required to resubmit requests for continued stay prior to expiration of the current PA. If a resident no longer requires the use of a ventilator, the provider shall not receive additional reimbursement beyond the Georgia Medicaid nursing home per diem rate determined for the facility.