

## **Table of Contents**

**State/Territory Name: Ohio**

**State Plan Amendment (SPA) #: 20-0021**

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

---

**Financial Management Group**

March 18, 2021

Maureen Corcoran, Director  
Ohio Department of Medicaid  
50 West Town Street, Suite 400  
Columbus, Ohio 43215

RE: Ohio State Plan Amendment (SPA) 20-0021

Dear Ms. Corcoran:

We have reviewed the proposed amendment to Attachments 4.19-D of your Medicaid State plan submitted under transmittal number 20-0021 titled "Payment for Services: Nursing Facility Services – Case Mix Scores and Ventilator Services"

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 December 31, 2020. 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](mailto:Fredrick.sebree@cms.hhs.gov).

Sincerely,



For

Rory Howe  
Acting Director

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: <b>20-021</b>	2. STATE <b>OHIO</b>
<b>FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES</b>		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE <b>December 31, 2020</b>	
5. TYPE OF PLAN MATERIAL ( <i>Check One</i> ):			
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> <b>AMENDMENT</b>			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT ( <i>Separate Transmittal for each amendment</i> )			
6. FEDERAL STATUTE/REGULATION CITATION: 1905(a)(4) of the Social Security Act		7. FEDERAL BUDGET IMPACT: a. FFY 2021    \$0 thousands b. FFY 2022    \$0 thousands	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  <u>Attachment 4.19-D. Supplement 1</u> Section 001.8.3, pages 1-2 of 2 Section 001.20.5, pages 1-3 of 3		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ):  <u>Attachment 4.19-D. Supplement 1</u> Section 001.8.3, pages 1-2 of 2 (TN 16-012) Section 001.20.5, pages 1-3 of 3 (TN 19-010)	
10. SUBJECT OF AMENDMENT: Payment for Services: Nursing Facility Services – Case Mix Scores and Ventilator Services			
11. GOVERNOR'S REVIEW ( <i>Check One</i> ):			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: The State Medicaid Director is the Governor's designee	
12. SIGNATURE OF STATE AGENCY OFFICIAL: <div style="background-color: black; width: 150px; height: 20px; margin: 5px 0;"></div>		16. RETURN TO:  <b>Carolyn Humphrey</b> <b>Ohio Department of Medicaid</b> <b>P.O. BOX 182709</b> <b>Columbus, Ohio 43218</b>	
13. TYPED NAME: <b>MAUREEN M. CORCORAN</b>			
14. TITLE: <b>STATE MEDICAID DIRECTOR</b>			
15. DATE SUBMITTED:    Dec. 21, 2020			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED:    12/21/20		18. DATE APPROVED:    3/18/21	
<b>PLAN APPROVED – ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL:    12/31/20		20. SIGNATURE OF REGIONAL ADMINISTRATOR: <div style="background-color: black; width: 150px; height: 20px; margin: 5px 0;"></div>	
21. TYPED NAME:            Rory Howe		22. TITLE OF REGIONAL ADMINISTRATOR: For gement Group	
23. REMARKS: State authorized pen and in change in blocks 8 and 9 to eliminate pages in amendment			

**Ventilator Program**

Under the Ohio Department of Medicaid (ODM) nursing facility (NF) ventilator program, ODM will pay an enhanced per-Medicaid-day payment rate to NFs that request and receive ODM approval to provide services to ventilator-dependent individuals, and that elect to participate in an alternative purchasing model for the provision of services to ventilator-dependent individuals. NFs can request and receive ODM approval to provide ventilator-only services, or both ventilator and weaning services to residents.

A NF that provides ventilator-only services, or both ventilator and weaning services, must meet all the following criteria in order to receive enhanced payments under the ODM NF ventilator program:

- 1) Be a licensed and Medicaid-certified NF and meet the requirements for NFs in accordance with 42 U.S.C. 1396r.
- 2) Provide services to individuals who are ventilator-dependent and have Medicaid as their primary payer.
- 3) Comply with the provisions of State law regarding provider agreements, including the execution and maintenance of provider agreements between ODM and the operator of a NF.
- 4) Cooperate with ODM or its designee during all provider oversight and monitoring activities including but not limited to the following:
  - a) Being available to answer questions pertaining to the ODM NF ventilator program.
  - b) Providing necessary requested documentation.
  - c) Providing required quarterly reports. A provider does not have to submit a quarterly report if the provider had no ventilator dependent residents during the reporting period.
  - d) As applicable, submitting a plan of action if requested by ODM.
- 5) Designate a discrete unit within the NF for the use of individuals in the ODM NF ventilator program.
- 6) Have ventilators connected to emergency outlets, which are connected to an on-site backup generator sufficient to meet the needs of the ventilator-dependent individuals.
- 7) Have not been in the Centers for Medicare and Medicaid Services (CMS) special focus facility (SFF) program for the previous six months.
- 8) Have a valid ODM 03623 form "Ohio Medicaid Provider Agreement for Long-Term Care Facilities" and an approved ODM 10198 form, "Addendum to Provider Agreement for Ventilator Services in Nursing Facilities."

In addition to the above, approved nursing facilities must provide all of the following services:

- 1) For at least five hours per week, the services of a licensed respiratory care professional (RCP) or the services of a registered nurse (RN) who has worked for a minimum of one year with ventilator-dependent individuals. The licensed RCP or the RN, as applicable, shall provide direct care to the ventilator-dependent individuals.

TN 20-021 Approval Date 3/18/21

Supersedes

TN 19-010 Effective Date 12/31/2020

- 2) If ordered by a physician, initial assessments for physical therapy, occupational therapy, and speech therapy within 48 hours of receiving the order for a ventilator-dependent individual.
- 3) If ordered by a physician, up to two hours of therapies per day, six days per week for each ventilator-dependent individual.
- 4) In emergency situations as determined by a physician, access to laboratory services that are available 24 hours per day, seven days per week, with a turnaround time of four hours.
- 5) For new admissions, administer pain medications to a ventilator-dependent individual within two hours from the receipt of the physician order.

Additionally, nursing facilities approved for ventilator weaning must meet the following criteria:

- 1) Have an approved ODM 10198 with approval to provide ventilator weaning services.
- 2) Have a ventilator weaning protocol in place established by a physician trained in pulmonary medicine who is available by phone 24 hours per day, seven days per week while ventilator weaning services are provided.
- 3) Have an RCP with training in basic life support on-site eight hours per day, seven days per week, and available by phone during the remaining hours of the day while ventilator weaning services are provided.
- 4) Have an RN or RCP with training in basic life support on-site 24 hours per day, seven days per week while ventilator weaning services are provided.

Enhanced Payment for Ventilator Services

The total per-Medicaid-day payment rate for services provided by a NF under the NF ventilator program for each state fiscal year shall be as follows:

- 1) For ventilator weaning services, 60% of the statewide average of the total per-Medicaid-day payment rate for those individuals receiving ventilator services in a long-term acute care hospital for the prior calendar year. Payment at the enhanced ventilator weaning rate is limited to 90 days per calendar year per individual and includes a post-ventilator-weaning evaluation period of up to 14 days.
- 2) For ventilator-only services, 50% of the statewide average of the total per-Medicaid-day payment rate for those individuals receiving ventilator services in a long-term acute care hospital for the prior calendar year.

NFs may have their enhanced NF ventilator program payment rate or rates reduced by a maximum of 5% if their number of ventilator-associated pneumonia (VAP) episodes exceeds, for two consecutive quarters, the maximum number of VAP episodes determined by ODM. The reduced payment or payments will become effective during the next full quarter and shall remain in effect for the entire quarter.

In the case of a change of operator (CHOP), if the exiting provider participated in the ODM NF ventilator program and the entering provider wishes to continue to participate in the program, the entering provider should submit the ODM 10227 to [nfpolicy@medicaid.ohio.gov](mailto:nfpolicy@medicaid.ohio.gov). If the ODM 10227 is submitted within 60 days of the effective date of the CHOP and ODM approves the ODM 10198, the

TN 20-021 Approval Date 3/18/21

Supersedes

TN 19-010 Effective Date 12/31/2020

entering provider is eligible to receive the enhanced rate or rates retroactive to the effective date of the CHOP or the date the requirements to participate in the NF ventilator program are met, whichever occurs later. If the ODM 10227 is not submitted within 60 days of the effective date of the CHOP but ODM approves the ODM 10198, the entering provider is eligible to receive the enhanced rate or rates effective on the date of ODM approval. If there is no approved ODM 10198, the entering provider's participation in the ODM NF ventilator program shall cease effective on the effective date of the CHOP.

ODM shall terminate a NF from the ODM NF ventilator program if ODM determines that the NF has failed to meet the requirements of this program. If a NF fails to continue to meet the requirements for weaning services, but meets the requirements for ventilator-only services, ODM will terminate the NF's ability to provide ventilator weaning services and to receive the enhanced rate for ventilator weaning. The NF may continue to provide ventilator-only services and to receive the enhanced rate for ventilator-only services as long as the eligibility requirements for ventilator-only services are met.

TN 20-021 Approval Date 3/18/21  
Supersedes  
TN 19-010 Effective Date 12/31/2020