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**State/Territory Name: OH**

**State Plan Amendment (SPA) #: 23-0029**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form
- 3) Approved SPA Pages

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**Financial Management Group**

January 17, 2024

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

RE: Ohio State Plan Amendment (SPA) 23-0029

Dear Ms. Corcoran:

We have reviewed the proposed amendment to Attachments 4.19-D of your Medicaid State plan submitted under transmittal number 23-0029 titled "Payment for Services: Nursing Facility Services: Ventilator Services Reimbursement Changes."

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1903(a), and 1923 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 September 1, 2023. 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,



Rory Howe  
Director

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER <u>2 3</u> — <u>0 0 2 9</u>	2. STATE <u>OH</u>
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	

TO: CENTER DIRECTOR  
CENTERS FOR MEDICAID & CHIP SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
**September 1, 2023**

5. FEDERAL STATUTE/REGULATION CITATION  
**Section 1905(a)(4)(A) of the Act; 42 CFR 447 Subchapter C**

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)  
a. FFY 2023 \$ 0  
b. FFY 2024 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
**Attachment 4.19-D, Supp 1, Sec 001.20.5, page 1 of 3**

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  
**Attachment 4.19-D, Supp 1, Sec 001.20.5, page 1 of 3 (TN 20-021)**

9. SUBJECT OF AMENDMENT

**Payment for Services: Nursing Facility Services: Ventilator Services Reimbursement Changes**

10. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:  
**The State Medicaid Director is the Governor's designee**

11. SIGNATURE OF STATE AGENCY OFFICIAL  
[Redacted]

12. TYPED NAME **MAUREEN M. CORCORAN**

13. TITLE **STATE MEDICAID DIRECTOR**

14. DATE SUBMITTED  
September 29, 2023

15. RETURN TO

**Greg Niehoff  
Ohio Department of Medicaid  
P.O. BOX 182709  
Columbus, Ohio 43218**

**FOR CMS USE ONLY**

16. DATE RECEIVED  
9/29/2023

17. DATE APPROVED  
January 17, 2024

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL

19. SIGNATURE OF APPROVING OFFICIAL  
[Redacted]

20. TYPED NAME OF APPROVING OFFICIAL  
Rory Howe

21. TITLE OF APPROVING OFFICIAL  
Director, FMG

22. REMARKS

**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 to be approved 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) Not be listed on Table A or Table D of the CMS Special Focus Facility (SFF) list.
- 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."
- 9) Have greater than a one-star overall rating in CMS's Nursing Facility Five-Star Quality Rating System.

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.