

## **Table of Contents**

**State/Territory Name: OH**

**State Plan Amendment (SPA) #: 24-0001**

This file contains the following documents in the order listed:

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

---

**Financial Management Group**

April 18, 2024

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

RE: Ohio State Plan Amendment (SPA) 24-0001

Dear Ms. Corcoran:

We have reviewed the proposed amendment to Attachments 4.19-D of your Medicaid State plan submitted under transmittal number 24-0001 titled “Payment for Services: Nursing Facility Services – Ventilator Program.”

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 January 1, 2024. 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 4 — 0 0 0 1</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  
**January 1, 2024**

5. FEDERAL STATUTE/REGULATION CITATION  
**1902(a)(30)(A) and 1905(a)(4)(A) of the Social Security Act**

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)  
a. FFY 2024 \$ (9,442,433)  
b. FFY 2025 \$ (12,629,131)

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
**Attachment 4.19-D  
Supplement 1, Section 001.20.5, pages 1-3 of 3**

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  
**Attachment 4.19-D  
Supplement 1, Section 001.20.5 page 1 of 3 (TN 23-029)  
Supplement 1, Section 001.20.5 pages 2-3 of 3 (TN 20-021)**

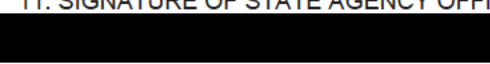
9. SUBJECT OF AMENDMENT

**Payment for Services: Nursing Facility Services - Ventilator Program**

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  


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

13. TITLE  
**STATE MEDICAID DIRECTOR**

14. DATE SUBMITTED  
**February 16, 2024**

15. RETURN TO

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


**FOR CMS USE ONLY**

16. DATE RECEIVED  
**2/16/2024**

17. DATE APPROVED  
**April 18, 2024**

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL  
**1/1/2024**

19. SIGNATURE OF APPROVING OFFICIAL  


20. TYPED NAME OF APPROVING OFFICIAL  
**Rory Howe**

21. TITLE OF APPROVING OFFICIAL  
**Director, FMG**

22. REMARKS

**Block 1 updated to 24-0001 - 4/10/2024**

**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 both to be newly approved to receive enhanced payments under the ODM NF ventilator program and to continue being eligible to receive enhanced payments:

- 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) Be available to answer questions pertaining to the ODM NF ventilator program.
  - b) Provide necessary requested documentation.
- 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.

- 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.

#### Quality Component:

##### Newly-applying providers:

NFs that meet at least one of these criteria cannot be approved for the NF ventilator program to receive enhanced reimbursement:

1. Those who are on Tables A or D of the CMS SFF list which identifies facilities with poor quality. Table A represents active SFFs, and Table D represents facilities who are candidates to become an SFF.
2. Those with a one-star rating on the CMS five-star rating system.

TN 24-001 Approval Date April 18, 2024

Supersedes

TN 20-021 Effective Date 01/01/2024

Currently-approved providers:

Any NF participating in the NF ventilator program that is listed on Table A or D of the SFF list or designated as having a CMS one star overall rating will be reimbursed the regular NF per diem rate rather than the enhanced ventilator rate for any residents newly admitted to the ventilator unit on or after the later of January 1, 2024 or the date the NF is added to Table A or D, or receives a one-star overall rating, whichever is applicable. NFs who are removed from the SFF list or who improve their one-star rating, whichever is applicable, will resume eligibility to receive the ventilator program enhanced reimbursement rate. The Director may waive the prohibitions from receiving enhanced reimbursement services in order to ensure access to ventilator services in the area served.

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 24-001 Approval Date April 18, 2024

Supersedes

TN 20-021 Effective Date 01/01/2024