



Financial Management Group

June 15, 2021

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

RE: Georgia State Plan Amendment 20-0009

Dear Ms. Rhodes:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State plan submitted under transmittal number 20-0009. Effective August 14, 2020, this amendment proposes to increase the reimbursement for ventilator dependent nursing facility residents. Specifically, this amendment proposes to increase the nursing facility per diem for a ventilator dependent resident by 3%. The rate will increase from \$540.55 to \$556.77.

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 August 14, 2020. We are enclosing the CMS-179 and the amended approved plan pages.

If you have any questions, please call Christie Erickson at (410) 786-8441.

Sincerely,

Francis T. McCullough

For

Rory Howe
Acting Director

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 August 14, 2020, the nursing facility per diem for a ventilator dependent resident will be \$556.77.

- (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

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