

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop S2-26-12  
Baltimore, Maryland 21244-1850



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**Financial Management Group**

MAY 05 2017

Ms. Linda Wiant  
Director of Medicaid Assistance Plans  
Medicaid Division  
Georgia Department of Community Health  
9 Peachtree Street, NW, Suite 36-450  
Atlanta, GA 30303-3159

RE: Georgia State Plan Amendment 17-0003

Dear Ms. Wiant:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State plan submitted under transmittal number 17-0003. Effective January 1, 2017, this amendment proposes to increase the reimbursement for specialized nursing home ventilator care.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(13), 1902(a)(30), and 1903(a) of the Social Security Act and the implementing Federal regulations at 42 CFR Part 447. We have found that the proposed reimbursement methodology complies with applicable requirements and therefore have approved them with an effective date of January 1, 2017. We are enclosing the CMS-179 and the amended approved plan pages.

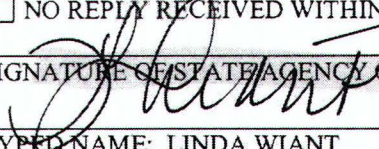
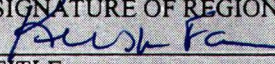
If you have any questions, please call Anna Dubois at (850) 878-0916.

Sincerely,

A handwritten signature in blue ink, appearing to read "Kristin Fan", is written over the typed name.

Kristin Fan  
Director



<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: 17-003	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  January 1, 2017	
5. TYPE OF PLAN MATERIAL (Check One):			
<input type="checkbox"/> NEW STATE PLAN                      AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 C.F.R. § 447.205		7. FEDERAL BUDGET IMPACT: FFY 2017 \$250,556 FFY 2018 \$202,246	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Attachment 4.19D page 1 and page 34		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):	
10. SUBJECT OF AMENDMENT: Effective July 1, 2016, the Department of Community Health proposes to increase reimbursement for specialized nursing home ventilator care.			
11. GOVERNOR'S REVIEW (Check One):			
<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: <b>Single State Agency Comments Attached</b>	
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO:	
13. TYPED NAME: LINDA WIAANT		Department of Community Health Division of Medicaid 2 Peachtree Street, NW, 36 <sup>th</sup> Floor Atlanta, Georgia 30303-3159	
14. TITLE: CHIEF, DIVISION OF MEDICAID			
15. DATE SUBMITTED: 2-20-17			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED:		18. DATE APPROVED: MAY 05 2017	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: JAN 01 2017		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Kristin Fan		22. TITLE: Director, FMCO	
23. REMARKS:			

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES-  
NURSING FACILITY SERVICES

NURSING FACILITY RATE DETERMINATIONS FOR VENTILATOR DEPENDENT  
RESIDENTS

- (1) The nursing facility per diem for a ventilator dependent resident will be \$463.87 effective for dates of service on and after November 13, 2009. Effective for dates of service on and after July 1, 2016, the nursing facility per diem for a ventilator dependent resident will be \$494.68. . Effective for dates of service on and after January 1, 2017, the nursing facility per diem for a ventilator dependent resident will be \$524.36. Effective for dates of service on and after July 1, 2017, the nursing facility per diem for a ventilator dependent resident will be \$509.52.
- (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.

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METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES-  
NURSING FACILITY SERVICES

2. Nursing Facility Rate Determination for Ventilator Dependent Residents

- (1) The nursing facility per diem for a ventilator dependent resident will be \$463.87 effective for dates of service on and after November 13, 2009. Effective for dates of service on and after July 1, 2016, the nursing facility per diem for a ventilator dependent resident will be \$494.68. Effective for dates of service on and after January 1, 2017, the nursing facility per diem for a ventilator dependent resident will be \$524.36. Effective for dates of service on and after July 1, 2017, the nursing facility per diem for a ventilator dependent resident will be \$509.52.
- (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.