Ms. Lynette Rhodes
Acting Director of Medicaid Assistance Plans
Medicaid Division
Georgia Department of Community Health
Medicaid Division
2 Peachtree Street, NW, 36th floor
Atlanta, GA 30303-3159

RE: Georgia State Plan Amendment 17-0012

Dear Ms. Rhodes:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State plan submitted under transmittal number 17-0012. Effective July 1, 2017, this amendment proposes to increase the nursing facility per-diem for a ventilator dependent resident by 3% to $524.81.

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 July 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,

[Signature]
Kristin Fan
Director
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

<table>
<thead>
<tr>
<th>1. TRANSMITTAL NUMBER:</th>
<th>17-012</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. STATE</td>
<td>GEORGIA</td>
</tr>
<tr>
<td>3. PROGRAM IDENTIFICATION:</td>
<td>TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)</td>
</tr>
</tbody>
</table>

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE AND MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

<table>
<thead>
<tr>
<th>4. PROPOSED EFFECTIVE DATE</th>
<th>July 1, 2017</th>
</tr>
</thead>
</table>

5. TYPE OF PLAN MATERIAL (Check One):
- [ ] NEW STATE PLAN
- [X] AMENDMENT TO BE CONSIDERED AS NEW PLAN
- [ ] AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

<table>
<thead>
<tr>
<th>6. FEDERAL STATUTE/REGULATION CITATION:</th>
<th>42 C.F.R. § 447.205</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. FEDERAL BUDGET IMPACT:</td>
<td>FFY 2017 $53,621 FFY 2018 $216,413</td>
</tr>
</tbody>
</table>

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Supplement 1 to Attachment 4.19-D, page 1.
Attachment 4.19-D, page 34.

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):
Supplement 1 to Attachment 4.19-D, page 1.
Attachment 4.19-D, page 34.

10. SUBJECT OF AMENDMENT:
This State Plan Amendment will increase mechanized ventilator per diem rates by 3% effective July 1, 2017.

11. 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
- [X] OTHER, AS SPECIFIED:
  Single State Agency Comments Attached

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME: LINDA WIAIT

14. TITLE: CHIEF, DIVISION OF MEDICAID

15. DATE SUBMITTED: 6-30-17

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 8-24-17

18. DATE APPROVED: AUG 31, 2017

19. EFFECTIVE DATE OF APPROVED MATERIAL: JUL 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

2. Nursing Facility Rate Determination for Ventilator Dependent Residents

(1) 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 $524.81.

(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

(1) 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 $524.81.

(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.