ACTION: Original

DATE: 09/15/2026 4:31 PM

PUBLIC HEARING NOTICE
OHIO DEPARTMENT OF MEDICAID

DATE: 10/16/2026

TIME: 11:00am

Teleconference Dial-in Phone Number: 614-721-2972

Teleconference Pin 478272569#

Link to Microsoft Teams Meeting for Hearing: Link to Join

In-Person Location:

50 W. Town St., Suite 400, Room A401
Columbus, OH 43215

Pursuant to Chapter 119. and sections 5165.02 and 5165.153 of the Revised Code, the Director of the Ohio Department of Medicaid (ODM) gives notice of ODM's intent to consider the adoption and rescission of the rules identified below and of a public hearing thereon.

To be rescinded:
Rule 5160-3-18, entitled "Nursing facilities (NFs): ventilator program" sets forth the requirements for nursing facilities to participate in the NF ventilator program and receive enhanced reimbursement. The rule is being proposed for rescission as more than fifty percent of the rule requires amendment. The content of this rule will be replaced in a newly proposed rule with the same number. This rule establishes an alternative purchasing and payment model for nursing facilities (NFs) that provide specialized services for Medicaid recipients who are ventilator-dependent or undergoing ventilator weaning services under the optional NF ventilator program. The rule outlines eligibility requirements, service standards, payment methodologies, reporting expectations, and oversight processes for nursing facilities participating in the program.

To be adopted as new
Rule 5160-3-18, entitled "Nursing facilities (NFs): ventilator program" is a new proposed rule to replace the proposed rescinded rule with the same number and to update policy for the NF ventilator program. The proposed rule establishes updated standards, participation requirements, and payment methodologies for the Ohio Department of Medicaid's Nursing Facility Ventilator Program. The rule defines key terms including invasive and non-invasive ventilation, ventilator dependency, discrete units, ventilator weaning services, and the tiered levels of respiratory support.

The rule sets comprehensive provider eligibility requirements for nursing facilities seeking enhanced reimbursement for ventilator-dependent or ventilator-weaning services. Facilities must operate a designated discrete unit meeting National Fire Protection Association (NFPA) category 1 standards, maintain compliance with CMS and NFPA electrical and safety requirements, develop a ventilator services plan, and obtain ODM approval. Minimum staffing expectations to include respiratory care professionals, nursing staff trained in ventilator care, and pulmonologist availability. All program requirements must be met on an ongoing basis to maintain eligibility for enhanced payments. Failure to provide and bill for services for an entire previous calendar year

will result in termination from the NF ventilator program and ineligibility to receive enhanced ventilator rates.

The rule outlines the application and approval process, including required documentation, timelines, reconsideration procedures, provisions for changes of operator, access to care waivers, and the process for modifying or terminating participation. Payment methodologies are revised to include enhanced daily rates for invasive ventilator services, complex non-invasive ventilation, and ventilator-weaning services, along with exclusions on private room incentive payments for individuals billed at the enhanced vent rates and restrictions for facilities with low CMS star ratings or Special Focus Facility status, per existing Ohio Revised Code.

The rule establishes three coverage tiers based on clinical complexity, including basic non-invasive support (Tier 1, which is not eligible for enhanced reimbursement rates), complex non-invasive ventilation (Tier 2) and invasive mechanical ventilation (Tier 3). Documentation requirements, annual resident outcome monitoring and reporting expectations, and prior authorization requirements for fee-for-service complex non-invasive ventilation (NIV) services are addressed in the rule Individuals receiving Tier 2 and 3 services will be paid at an enhanced ventilator rate in lieu of the NF's per diem rate when eligible and prior authorized. Availability and limitations on vent weaning services are also included in the rule.

ODM will hold the public hearing for this rule package via teleconference and in-person. The date and time for the public hearing are listed at the top of this Notice as well as the phone number, PIN (access code), and link for teleconference attendance, and location for in-person attendance.

All interested parties are invited to participate in the public hearing. Both oral and written testimony will be accepted for this hearing and will be given the same consideration. Persons who want to give oral testimony are asked to send a message by e-mail to Rules@medicaid.ohio.gov no later than one hour before the hearing to be added to the witness list. Those attending in person can be added to the witness list at the hearing.

Written comments submitted in-person, by e-mail, postal mail, or fax that are received or postmarked no later than the day of the hearing will be accepted as testimony and will become part of the hearing record. All testimony will become public record; therefore, ODM asks that protected health information (PHI) be excluded. Written testimony sent by e-mail is highly recommended. All those who submit testimony by e-mail will be sent a confirmation of receipt.

A copy of the proposed rule is available, without charge, to any person at the address listed below. The rule is also available on the internet at http://www.registerofohio.state.oh.us/. Requests for a copy of the proposed rule or comments on the rule should be submitted by mail to the Ohio Department of Medicaid, Office of Legal Counsel, 50 W. Town Street, Suite 400, Columbus, Ohio 43215-3414, by fax at (614) 995-1301, or by e-mail at Rules@Medicaid.Ohio.gov.

ODM is committed to providing access and inclusion and reasonable accommodation in its services, activities, programs, and employment opportunities in accordance with the Americans with Disabilities Act (ADA), Title VI of the Civil Rights Act, Section 1557 of the Affordable Care Act, and other applicable laws. To request an interpreter, written information in a language other than English or in other formats (braille, large print, audio, accessible electronic formats, other formats), or a reasonable accommodation due to a disability, please contact ODM's Civil Rights/ADA Coordinator at 614-995-9981/TTY 711, Fax 1-614-644-1434, or Email:

ODM_EEO_EmployeeRelations@medicaid.ohio.gov. Requests should be made at least five (5) business days prior to the scheduled hearing. If you believe ODM has failed to provide these services or discriminated in another way, you can file a grievance with ODM's Civil Rights Coordinator or Section 1557 Coordinator and/or file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. Further information on these processes and ODM's compliance with civil rights and other applicable laws can be found here: Notice of Nondiscrimination.