



445 Hutchinson Avenue, Suite 700
Columbus, OH 43235
P (614) 444-2882 | F (614)444-2974
LeadingAgeOhio.org

February 6, 2026

Scott R. Partika
Director, Ohio Department of Medicaid
50 West Town Street, 4th Floor
Columbus, OH 43215

Recommendations to Strengthen Oversight and Integrity of the Nursing Facility Ventilator Program

Dear Director Partika:

Thank you for the opportunity to meet with the Ohio Department of Medicaid and health care stakeholders to discuss potential updates to the Nursing Facility Ventilator Program. LeadingAge Ohio appreciates the Department's focus on strengthening program integrity, preventing fraud, waste, and abuse, and ensuring that Medicaid beneficiaries with highly complex respiratory needs receive safe, appropriate, and medically necessary care.

Our members support reforms that preserve access for medically fragile individuals while addressing vulnerabilities that may allow bad actors to exploit the program's enhanced payments. We offer the following recommendations for the Department's consideration.

Staffing and Clinical Safeguards

LeadingAge Ohio supports requiring a **24/7 on-site respiratory therapist** for participating facilities. Continuous access to specialized respiratory expertise is essential to ensuring safe ventilator management and appropriate clinical oversight for Medicaid beneficiaries with invasive or complex non-invasive ventilation needs.

We also support requiring participating facilities to maintain an **active contract with a pulmonologist for the management of individuals receiving complex non-invasive ventilation**. Pulmonologist involvement is critical for appropriate patient selection, ongoing clinical decision-making, and safe care transitions.

Payment Structure and Medical Necessity

We support maintaining **separate payment levels for ventilator care and ventilator weaning**. Ventilator weaning is significantly more resource-intensive and requires additional staffing, monitoring, and clinical expertise beyond maintenance ventilation.

To strengthen program integrity, we support the Department's proposal to require **prior authorization for 100 percent of complex non-invasive ventilation cases**. We encourage the Department to establish standardized criteria that all managed care plans can apply uniformly to ensure consistency and prevent inappropriate utilization.

As part of that standardization, we suggest **aligning medical necessity criteria with the [Centers for Medicare & Medicaid Services requirements for non-invasive ventilation](#)** in the community. These criteria are:

- The patient must have clinically significant chronic hypercapnia (e.g., $\text{PaCO}_2 \geq 52$ mmHg) confirmed by arterial blood gas.
- The condition treated (e.g., COPD-related respiratory failure) must be well documented.
- Ongoing usage and benefit need to be documented (e.g., use ≥ 4 hours/24 hrs on $\geq 70\%$ of days).

We encourage the Department to implement this prior authorization for a one-year period before reevaluating. Prior authorization can be quite burdensome and cause delays in care, and it is possible that the other enhanced requirements (particularly, requiring 24/7 respiratory therapist coverage) may be sufficient to decrease abuse of this important program.

We also support other enhanced payments that recognize the cost of caring for residents with exceptionally high medical needs. In particular, the Department may wish to consider **higher payment for residents with tracheotomies** who require regular suctioning.

Program Administration and Oversight

To ensure active participation and prevent dormant approvals, we recommend requiring **facilities that have not billed for ventilator services within a twelve-month period to reapply** for participation in the program prior to billing.

Given the extreme frailty and medical complexity of this population, **we caution the Department in putting too much emphasis on quality indicators—such as pneumonia or wound outcomes**. That said, we recognize the importance of quality reporting and transparency, so suggest that the Department require reporting of ventilator-associated pneumonia as well as success with ventilator weaning as part of the Department's annual program reporting.



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We also encourage the Department to **evaluate long-term acute care hospital utilization trends** to assess whether the Nursing Facility Ventilator Program has reduced costs or utilization in other areas of the Medicaid program while maintaining appropriate care.

Finally, LeadingAge Ohio strongly supports the Department's efforts to combat fraud within the Medicaid program. We encourage **prompt referral of suspected cases to the Ohio Attorney General's Medicaid Fraud Control Unit** for investigation and prosecution as warranted.

We appreciate the Department's willingness to engage stakeholders and look forward to continued collaboration to ensure the Nursing Facility Ventilator Program remains clinically appropriate, fiscally responsible, and focused on the needs of Ohio's most medically vulnerable residents.

Sincerely,

A handwritten signature in black ink that reads "Susan Wallace".

Susan Wallace

President/CEO