

# PUBLIC NOTICE

January 26, 2026

Pursuant to 42 C.F.R. Section 447.205, public notice is hereby given for the submission of a Medicaid State Plan Amendment (SPA) 26-0001 Ventilator Dependent Care (VDC). The Division of Medicaid, in the Office of the Governor, will submit this proposed SPA to the Centers for Medicare and Medicaid Services (CMS) effective February 1, 2026, contingent upon approval from CMS, our Transmittal #26-0001.

1. State Plan Amendment (SPA) 26-0001 Ventilator Dependent Care (VDC) is being submitted to allow the Division of Medicaid (DOM) to update the ventilator dependent care (VDC) per diem rate, effective February 1, 2026.
2. The expected annual impact is an increase of \$105,871. The expected increase in federal annual aggregate expenditure is \$54,276 for Federal Fiscal Year (FFY26) and \$81,414 for FFY27. The expected increase in state annual aggregate expenditure is \$16,304 for FFY26 and \$24,456 for FFY27.
3. The Division of Medicaid is submitting this proposed SPA in compliance with 42 CFR §§ 447.250 and 447.253.
4. A copy of the proposed SPA will be available in each county health department office and in the Department of Human Services office in Issaquena County for review. A hard copy can be downloaded and printed from [www.medicaid.ms.gov](http://www.medicaid.ms.gov), or requested at 601-359-3984 or by emailing at [DOMPolicy@medicaid.ms.gov](mailto:DOMPolicy@medicaid.ms.gov).
5. Written comments will be received by the Division of Medicaid, Office of the Governor, Office of Policy, Walter Sillers Building, Suite 1000, 550 High Street, Jackson, Mississippi 39201, or [DOMPolicy@medicaid.ms.gov](mailto:DOMPolicy@medicaid.ms.gov) for thirty (30) days from the date of publication of this notice. Comments will be available for public review at the above address and on the Division of Medicaid's website at [www.medicaid.ms.gov](http://www.medicaid.ms.gov).
6. A public hearing on this SPA will not be held.

- G. Total Standard Per Diem Rate. The annual standard per diem rate is the sum of the direct care per diem rate, the care related per diem rate, the administrative and operating per diem rate, the per diem property payment, and the per diem return on equity payment. The annual rate for NFSD's also includes the therapy per diem rate.
- H. Calculation of the Rate for One Provider. In years when the rate is calculated for only one NFSD, reimbursement will be based upon allowable reported costs of the facility. Reimbursement for direct care, therapies, care related, and administrative and operating costs will be calculated at cost plus the applicable trend factors. The property payment and the return on equity payment will be calculated for the facility as described in Sections 3-4 F and G.

3-5 Ventilator Dependent Care (VDC) Per Diem Rate

A ventilator dependent care (VDC) per diem rate of ~~\$378 178.34~~ is established, in addition to the standard per diem rate, for beneficiaries receiving VDC services in large and small nursing facilities effective February 1, 2026. The VDC per diem rate will be reviewed for adjustment every fifth year.

3-6 Occupancy Allowance

The per diem rates for fixed administrative and operating costs, care related costs and property costs will be calculated using the greater of the facility's actual occupancy level or eighty percent (80%). This level is considered to be the minimum occupancy level for economic and efficient operation. This minimum occupancy level will not be applied to the computation of patient days used to calculate the direct care and therapy rates, or the variable portion of the administrative and operating and care related rates.

For facilities having less than eighty percent (80%) occupancy, the number of total patient days will be computed on an eighty percent (80%) factor instead of a lower actual percentage of occupancy. For example: a facility with an occupancy level of seventy percent (70%) representing 20,000 actual patient days in a reporting period will have to adjust this figure to 22,857 patient days (20,000/70%)

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- H. Calculation of the Rate for One Provider. In years when the rate is calculated for only one NFSD, reimbursement will be based upon allowable reported costs of the facility. Reimbursement for direct care, therapies, care related, and administrative and operating costs will be calculated at cost plus the applicable trend factors. The property payment and the return on equity payment will be calculated for the facility as described in Sections 3-4 F and G.

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The per diem rates for fixed administrative and operating costs, care related costs and property costs will be calculated using the greater of the facility's actual occupancy level or eighty percent (80%). This level is considered to be the minimum occupancy level for economic and efficient operation. This minimum occupancy level will not be applied to the computation of patient days used to calculate the direct care and therapy rates, or the variable portion of the administrative and operating and care related rates.

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