ALABAMA MEDICAID AGENCY LONG TERM CARE DIVISION ADMINISTRATIVE CODE

CHAPTER 560-X-63 VENTILATOR-DEPENDENT AND QUALIFIED TRACHEOSTOMY CARE

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560-X-63-.01 Definitions.

(1) Nursing Facility – An institution which is licensed by the Alabama State Board of Health as a nursing facility and is primarily engaged in providing nursing care and related services for residents who require medical and nursing care, rehabilitation services for the rehabilitation of injured, disabled or sick persons, or on a regular basis health related care and services to individuals who because of their mental or physical condition require care and services which may be made available to them only through institutional facilities. A facility may not include any institution that primarily is dedicated to the care and treatment of mental disease.

(2) Qualified Ventilator-Dependent and/or Tracheostomy Care Resident – A resident that is either determined to be:

(a) Ventilator-Dependent Resident – A resident who is on mechanical ventilation necessary to sustain life and who requires the care by and monitoring of a Registered Nurse or Licensed Practical Nurse 24 hours a day and routine interventions by a duly licensed respiratory therapist; or

(b) Qualified Tracheostomy Resident – A resident who

(i) has a tracheostomy,

(ii) receives oxygen therapy, and

(iii) requires the care and monitoring of a Registered Nurse or Licensed Practical Nurse 24 hours a day and routine interventions by a duly licensed respiratory therapist. This definition does not cover a resident with a tracheostomy who receives only PRN monitoring or suctioning.

(3) Qualified Tracheostomy Services – Services provided to a qualified tracheostomy resident.

(4) Ventilator-Dependent Services – Services provided to a ventilator-dependent resident.
Author: Marilyn F. Chappelle, Director, Long Term Care Division
Statutory Authority: State Plan; Title XIX, Social Security Act; and 42 CFR Section 401, et seq., Section 483.74.
History: New Rule: Filed December 12, 2011; effective January 16, 2012.

560-X-63-.02 Introduction.

(1) A supplemental fee-for-service payment will be paid to Medicaid-certified nursing facilities that provide care to Medicaid eligible ventilator-dependents and/or qualified tracheostomy residents.

(2) The supplemental fee-for-service payment will promote quality care and ensure the health and safety of Medicaid recipients who are ventilator-dependent and/or a qualified tracheostomy resident.
Author: Marilyn F. Chappelle, Director, Long Term Care Division
Statutory Authority: Code of Ala. 1975, §41-22-2.
History: New Rule: Filed December 12, 2011; effective January 16, 2012.

560-X-63-.03 Authority.

(1) The Medical Assistance (Title XIX) Plan for Alabama provides for medically necessary nursing facility services, rendered in a facility which meet the licensure requirements of the department of Public Health and the certification requirements of Title XIX and XVIIII of the Social Security Act and complies with all other applicable state and federal laws and regulations and with accepted professional standards and principles that apply to professionals providing services.

(2) Nursing facilities must meet and comply with all of the requirements as delineated in Alabama Medicaid Agency Administrative Code Chapter10, Long Term Care and Chapter 22 *Nursing Facility Reimbursement*.
Author: Marilyn F. Chappelle, Director, Long Term Care Division

Statutory Authority: State Plan; Title XIX, Social Security Act; and 42 CFR Section 431.1, et seq., Section 483.75.
History: New Rule: Filed December 12, 2011; effective January 16, 2012.

560-X-63-.04 Admission Criteria.

(1) Admission is limited to ventilator-dependent and/or qualified tracheostomy residents.

(2) The ventilator-dependent resident and/or qualified tracheostomy resident must meet the current nursing facility level of care criteria established by Medicaid.

(3) All of the following criteria must be present in order for a resident to be considered ventilator-dependent:

(a) The resident is not able to breathe without a volume ventilator with a backup.

(b) The resident uses the ventilator seven days per week.

(c) The resident has a tracheostomy.

(d) The resident requires daily respiratory therapy intervention, i.e., oxygen therapy, tracheostomy care, chest physiotherapy or deep suctioning. These services must be available 24 hours a day.

(e) The resident must be medically stable and not require acute care services. A Registered Nurse or Licensed Practical Nurse must be readily available and have primary responsibility of the unit at all times.

(4) The resident will also be considered ventilator-dependent if all of the above requirements were met at admission but the resident is in the process of being weaned from the ventilator. This does not include residents who are only on C-PAP or Bi-PAP devices.

(5) All of the following criteria must be present in order for a resident to be considered for qualified tracheostomy care:

(a) The resident is not able to breathe without the use of a tracheostomy.

(b) The resident requires daily respiratory therapy intervention, i.e., oxygen therapy, tracheostomy care, chest physiotherapy, or deep suctioning. These services must be available 24 hours a day.

(c) The resident must be medically stable and not require acute care services.

(d) A Registered Nurse or Licensed Practical Nurse must be readily available and have primary responsibility of the unit.

Not withstanding the foregoing, a ventilator-dependent or qualified tracheostomy resident who is in the process of being weaned from being ventilator-dependent or needing qualified tracheostomy treatment shall continue to be considered a qualified resident until the weaning process is completed.

Author: Marilyn F. Chappelle, Director, Long Term Care Division
Statutory Authority: State Plan; Title XIX, Social Security Act; and 42 CFR Section 401, et seq., Section 483.75
History: New Rule: Filed December 12, 2011; effective January 16, 2012.

560-X-63-.05 Enrollment Requirements.

(1) All nursing facilities that desire to receive a supplemental fee-for-service payment for providing services to ventilator-dependent and/or qualified tracheostomy Medicaid residents must execute an Addendum to the current Nursing Facility Provider Agreement with the Alabama Medicaid Agency.

(2) The nursing facility must complete a Medicaid enrollment application to serve ventilator-dependent and/or qualified tracheostomy residents. The application must include the number of beds designated to serve ventilator-dependent residents and/or qualified tracheostomy residents.

Author: Marilyn F. Chappelle, Director, Long Term Care Division
Statutory Authority: State Plan; Title XIX, Social Security Act; and 42 CFR Section 401, et seq., Section 483.75
History: New Rule: Filed December 12, 2011; effective January 16, 2012.

560-X-63-.06 Nursing Facility Participation Requirements.

In addition to the requirements described in Rule No. 560-X-.63-.05 above, the nursing facility that desires to receive a supplemental fee-for-service payment for ventilator-dependent and/or qualified tracheostomy residents must:

(1) Be enrolled as a Medicaid-certified facility.

(2) Meet all of the federal and state regulations governing nursing facilities.

(3) Meet the federal and state physical plant requirements and all life safety standards for nursing facilities including, an alternate power source to prevent interruption of the ventilator in the event of a power outage.

(4) Ensure that a Registered Nurse or Licensed Practical Nurse has primary responsibility for the unit and is readily available at all times.

(5) Ensure that in-house respiratory services are provided by a licensed Respiratory Therapist 24 hours a day for ventilator-dependent residents and/or qualified tracheostomy residents.

(6) Provide a program of initial training and ongoing in-service training for direct care staff.

(7) Ensure that any attempts to wean a resident be documented in the resident's record. The nursing facility must notify the Medicaid Agency within 14 days from the date the resident is successfully weaned and is no longer in need of either ventilator care or qualified tracheostomy treatment. No additional reimbursement will be issued to the provider after the resident has been successfully weaned for 14 days and is no longer in need of either ventilator care or qualified tracheostomy treatment.

(8) Ensure that physician visits are conducted in accordance with the federal regulations for nursing facilities.

(9) Maintain separate staffing records for the Respiratory Therapy staff that provides care for the ventilator-dependent and/or qualified tracheostomy residents.

(10) Report any change of condition, such as weaning from ventilators, transfers, discharges, re-hospitalizations and deaths.

(11) Make available the resident record for review by the Medicaid Agency every twelve months to determine if the resident continues to meet the ventilator-dependent and/or qualified tracheostomy care criteria.

(12) Not accept a ventilator-dependent and/or qualified tracheostomy resident if any of the following situations exists:

(a) Termination of the nursing facility's Medicaid certification is imminent; or

(b) The nursing facility is a Special Focus Facility, under review by CMS, the Alabama Department of Public Health, or the Alabama Medicaid Agency.

Author: Robin Arrington, Associate Director, Long Term Care Provider/Recipient Services
Statutory Authority: State Plan; Title XIX, Social Security Act; and 42 CFR Sections 401, et seq., Section 483.75
History: New Rule: Filed December 12, 2011; effective January 16, 2012. **Amended:** Filed December 12, 2014; effective January 16, 2015. **Amended:** Filed September 11, 2018; effective October 26, 2018.

560-X-63-.07 Nursing Facility Quality Standards.

The nursing facility must meet the following quality standards established by the Alabama Medicaid Agency:

(1) Staffing levels that correlate with the number of ventilator-dependent residents.

(2) Respiratory therapy staff available in-house 24 hours a day—employee or contractual.

(3) Staff knowledge: At least one full-time professional staff member who has completed a course in the care of ventilator-dependent and tracheostomy individuals.

(4) Ongoing training

(a) All staff providing care to ventilator-dependent and tracheostomy residents must receive training in the provision of ventilator care and tracheostomy care by a licensed Respiratory Therapist or a physician who is a Board Certified Pulmonologist.

(b) Annual in-service training is required and must be conducted by a Respiratory Therapist or a physician who is a Board Certified Pulmonologist.

(5) Documentation

(a) Written admission and discharge criteria specifying the medical requirements the resident must meet.

(b) A written weaning program.

(c) Admission, transfers and discharge policies.

(6) Access to other services, including specialty and ancillary services.

(7) Physical plant requirements.

(a) The presence of an alarm system.

(b) Suitable power supply for ventilators including an alternate power source.

Author: Marilyn F. Chappelle, Director, Long Term Care Division
Statutory Authority: State Plan; Title XIX, Social Security Act; and 42 CFR Section 401, et seq., Section 483.75.
History: New Rule: Filed December 12, 2011; effective January 16, 2012.

560-X-63-.08 Quality Of Care.

(1) Each nursing facility must ensure that the necessary care and services to attain or maintain the highest practicable physical, mental and psychosocial well-being are provided to the resident, in accordance with the comprehensive assessment and plan of care.
Author: Marilyn F. Chappelle, Director, Long Term Care Division
Statutory Authority: State Plan; Title XIX, Social Security Act; 42 CFR Section 401, et seq. and Section 483.25.
History: New Rule: Filed December 12, 2011; effective January 16, 2012.

560-X-63-.09 Limitations.

(1) The Alabama Medicaid Agency will not limit participation to any nursing facility that desires to provide services to ventilator-dependent or qualified tracheostomy residents unless the following conditions exist:

(a) Termination of the nursing facility's Medicaid certification is imminent; or

(b) The nursing facility is a Special Focus Facility, under review by CMS, the Alabama Department of Public Health or the Alabama Medicaid Agency.

(c) The nursing facility does not meet the requirements established by the Department of Public Health and the Medicaid Agency to serve residents who are ventilator-dependent or in need of qualified tracheostomy services.

(2) The Medicaid Agency will not pay for changes to the physical plant in order for the nursing facility to provide services for ventilator-dependent or qualified tracheostomy residents.
Author: Marilyn F. Chappelle, Director, Long Term Division
Statutory Authority: State Plan; Title XIX, Social Security Act; and 42 CFR Section 401, et seq., Section 483.75.
History: New Rule: Filed December 12, 2011; effective January 16, 2012.

560-X-63-.10 Reimbursement And Payment Limitations.

(1) The nursing facility daily per diem rate will continue to be made in accordance with Chapter 22, N*ursing Facility Reimbursement* of the Alabama Medicaid Administrative Code.

(2) The request for additional reimbursement for a ventilator-dependent or qualified tracheostomy resident must be submitted to the Alabama Medicaid Agency in writing for prior approval. Each request must include the pertinent sections of the most current Minimum Data Set (MDS) Resident Assessment and attending physician documentation of the medical condition of the ventilator-dependent or qualified tracheostomy resident. The MDS sections must include, but are not limited to: Section I - Active Diagnoses; Section J - Health Conditions; and Section O - Special Treatments, Procedures, and Programs.

(3) The nursing facility will be reimbursed the daily per diem rate determined for the nursing facility plus an additional daily payment for the ventilator-dependent or qualified tracheostomy resident.

(4) The supplemental fee-for-service payment will be $120 and indexed annually in accordance with the cost of living increases as prescribed under Rule No. 560-X-22-.07.

(5) The total payment to the nursing facility will be the daily per diem rate plus the supplemental fee-for-service payment.

(6) In computing the daily per diem rate, (i) costs for supplies directly associated with providing ventilator-dependent or qualified tracheostomy care and (ii) salary, benefits, and payroll taxes or contract expenses associated with engaging respiratory therapists shall be excluded as allowable costs.

(7) No additional amount above the current nursing facility rate will be allowed for the resident until it is determined that both the resident and the nursing facility meet the requirements described in this chapter and prior authorization is issued by the Medicaid Agency.

(8) The supplemental fee-for-service payments will be approved for 12-month intervals.

Author: Marilyn F. Chappelle, Director, Long Term Care Division
Statutory Authority: State Plan; Title XIX, Social Security Act; and 42 CFR Section 401, et seq., Section 483.75.
History: New Rule: Filed December 12, 2011; effective January 16, 2012.

560-X-63-.11 Claim Filing Limitations.

(1) For claim filing limitations refer to Alabama Medicaid Administrative Code, Rule No. 560-X-1-.17.
Author: Marilyn F. Chappelle, Director, Long Term Care Division
Statutory Authority: State Plan, Title XIX, Social Security Act; 42 CFR Section 447.45, et seq.
History: New Rule: Filed December 12, 2011; effective January 16, 2012.