

Policy Transmittal Aging and People with Disabilities



Mike McCormick

Authorized signature

Number: APD-PT-21-033

Issue date: 11/17/2021

CORRECTED

Topic: Long Term Care

Due date:

Transmitting (check the box that best applies):

- New policy Policy change Policy clarification Executive letter
 Administrative Rule Manual update Other:

Applies to (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> All DHS employees | <input type="checkbox"/> County Mental Health Directors |
| <input checked="" type="checkbox"/> Area Agencies on Aging: Type B | <input type="checkbox"/> Health Services |
| <input checked="" type="checkbox"/> Aging and People with Disabilities | <input type="checkbox"/> Office of Developmental Disabilities Services (ODDS) |
| <input type="checkbox"/> Self Sufficiency Programs | <input type="checkbox"/> ODDS Children's Intensive In Home Services |
| <input type="checkbox"/> County DD program managers | <input type="checkbox"/> Stabilization and Crisis Unit (SACU) |
| <input type="checkbox"/> Support Service Brokerage Directors | <input type="checkbox"/> Other (<i>please specify</i>): |
| <input type="checkbox"/> ODDS Children's Residential Services | |
| <input type="checkbox"/> Child Welfare Programs | |

| | | | |
|-------------------------------|-----------------------------|-------------------------|--|
| Policy/rule title: | Nursing Facility VAP Rate | | |
| Policy/rule number(s): | OAR 411-070-0092 | Release number: | |
| Effective date: | November 15, 2021 | Expiration date: | |
| References: | | | |
| Web address: | OAR 411-070 | | |

Discussion/interpretation:

The Nursing Facilities/Medicaid - Generally and Reimbursement rules, [OAR 411-070](#), describes the Ventilator Assisted Program (VAP) for individuals residing in a nursing facility (NF). The eligibility criteria is defined in OAR 411-070-0092. Effective November 15, 2021, Sapphire at Gresham nursing facility will have a Ventilator Assisted Program endorsement. All admissions to the VAP unit will need a prior authorization request.

411-070-0092 Ventilator Assisted Program – Medicaid Payment

(2) An individual qualifies for reimbursement at the Ventilator Assisted Program rate if the individual:

- (a) Is chronically dependent on an invasive mechanical ventilator to sustain life;
- (b) Requires the ongoing use of a CPAP or Bi-Pap to sustain life; or
- (c) Is receiving necessary support and services during the transition from mechanical ventilation to a lower level of service.

Here is the process for NFs to access this rate:

1. The NF must complete sections I and II of the "[Nursing Facility Ventilator Assisted Program \(NF VAP\) Admissions Authorization Request](#)" form, located under [Nursing Facility/Tools](#) (access to the form has also been provided to NF). The request may be for individuals prior to residing in the VAP or those that are pending admission. The NF will attest that the individual meets all VAP criteria in OAR 411-070-0092 and will can submit medical documentation, if requested. The form is sent to the appropriate APD/AAA staff.
2. APD/AAA staff will complete section III of the "Nursing Facility VAP Admissions Authorization Request" form for submission. When completing this form, please ensure all of the following is met:
 - a. The individual is not eligible for a Medicare skilled benefit or Medicaid Post Hospital Extended Care (PHEC) either through their CCO or OHP Fee for Service;
 - b. The current assessment accurately reflects the individual meets the criteria in OAR 411-070-0092;
 - c. Confirm the facility has a NF VAP endorsement, the NF has attested verifying the resident meets NF VAP criteria and is narrated in Oregon Access accordingly;
 - d. APD/AAA staff creates a pending NF8 benefit in Oregon ACCESS. Here is a screenshot of the new benefit:

| Service Category/Benefit | Begin Date | End Date | Status |
|--------------------------|------------|------------|---------|
| APD-Residential | 04/06/2021 | 06/17/2021 | Ended |
| NF8 - Ventilator | 11/15/2021 | 03/31/2022 | Pending |

3. Submit the completed request to APD.Admissions@dhsosha.state.or.us. It is important to submit the request as soon as possible.
4. Central Office will complete section IV and notify the nursing facility and APD/AAA staff of the decision made by returning the completed form. The decision typically needs to be made within 7 business days after APD/AAA staff has received the request.
 - If the individual meets all the requirements, the Oregon ACCESS benefit

will be approved. The approved benefit will generate the new rate onto the MMIS POC authorization. Staff will complete the POC as usual.

- If Central Office denies the request, the nursing facility will have an opportunity to request an administrative review as mentioned on the form.
- Incomplete submissions will be returned as pended.

Field/stakeholder review: Yes No

If yes, reviewed by: Field and Policy Review

Filing instructions:

If you have any questions about this policy, contact:

| | |
|---|------|
| Contact(s): Karen Kaino for Process Questions Cindy Susee for Policy Questions | |
| Phone: | Fax: |
| Email: Karen.L.Kaino@dhsosha.state.or.us Cynthia.Susee@dhsosha.state.or.us | |

Nursing Facility Ventilator Assisted Program [NF VAP] Admission Authorization Request

I. Nursing Facility information - To be completed by Nursing Facility (NF) Staff

Date of request: Provider No:
Facility name: Requestor name:
Requestor phone: Requestor email:
Zip code:

II. Resident information – To be completed by NF staff

Date of admission:
Resident name: Medicaid prime No.:
Date of birth:

The NF must maintain sufficient documentation as described in OAR 411-090-0150.
Do not submit documentation to the local office.

By checking the boxes below, the NF representative attests all information meets the criteria outlined in OAR 411-070-0092. If a required action was not taken, the request may be returned for completion.

- Is chronically dependent on an invasive mechanical ventilator to sustain life; or
- Requires the on-going use of a CPAP or Bi-Pap to sustain life; or
- Is receiving necessary support and services during the transition from mechanical ventilation to a lower level of service.

NF staff: Submit this request via email to APD/AAA CaseManager (CM) or Diversion/Transition (DT) staff assigned to the facility.

III. DHS APD/AAA required actions – Prior to Central Office submission

CM/DT name: Email:

Branch No.:

By checking the boxes below, the CM/DT attests all required actions were taken. If a required action was not taken, the request may be returned for completion.

- Confirm consumer is not eligible for Medicare skilled care or Post Hospital Extended Care (through their CCO or under FFS).
- Ensure Oregon ACCESS records reflect current service needs.
- Confirm provider has NF VAP Endorsement and narrate accordingly in Oregon ACCESS.
- Oregon ACCESS with NF8 benefit is in pending status.

Note: A new Plan of Care (POC) is not required if consumer is already a NF resident.

APD/AAA CM or DT: Submit completed request electronically via email to APD.Admissions@dhsoha.state.or.us. DO NOT send medical records.

IV. Central Office review

APD Central Office will make the final determination on the individual's eligibility for this rate which will be documented accordingly in Oregon ACCESS.

Date received:

Determination:

- Approved
- Denied – Denial reason:
- Pending – Action required:

Reviewer Name Title:

Date:

Email questions or follow-up action to: APD.Admissions@dhsoha.state.or.us.

The decision will be returned to the requestor's email address, NF licensing(NFLicensing@dhsoha.state.or.us), and the CM/DT staff.

If the nursing facility disagrees with the decision, the nursing facility may request an administrative review per OAR 411-070-0092 by sending the request to NFLicensing@dhsoha.state.or.us within 30 days of receiving the decision.