

**Rule No. 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 ~~six~~ 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.

**Authority:** 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 October 26, 2018. **Amended:** Filed July 17, 2018.