

Information Memorandum Transmittal Aging and People with Disabilities



Trevin Butler

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Number: APD-IM-23-035

Issue date: 4/5/2023

Topic: Forms

Due date:

Subject: New Nursing Facility Ventilator Assisted Program (VAP) Authorization Request Form

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 | |

Message: The [ODHS 100e-77295](#), *Nursing Facility Ventilator Assisted Program (VAP) Authorization Request*, and [ODHS 100e-77295Inst](#), *Nursing Facility Ventilator Assisted Program (VAP) Authorization Request Instructions*, form has been posted to the [ODHS forms server](#) and Specific Needs Contracts [website](#): see attached.

Effective immediately staff should begin using the new forms, dated 3/2023, immediately and cease using all prior versions.

Note: Other versions of the ODHS 100e-77295 ventilator request form will no longer be accepted as valid after close of business on Friday, April 14th, 2023.

If you have any questions about this information, contact:

Contact(s): Karen Kaino

Phone: 503-569-7034

Fax:

Email: karen.l.kaino@dhsoha.state.or.us

1. Nursing Facility Information

Facility Name: _____
 Provider number: _____ Date of request: _____
 NF contact: _____ NF contact phone: _____
 NF contact email: _____
 NF zip code: _____

2. Resident information

Resident name: _____
 Medicaid prime: _____ 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 criteria outlined in [OAR 411-070-0092](#). If a required action was not taken, the request may be returned for completion.

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

NF staff: Submit this form with sections 1 and 2 completed via email to the APD/AAA Case Manager (CM) or Diversion/Transition (DT) staff assigned to this facility.

3. DHS APD/AAA required actions – All requirements must be completed at the local office before submitting the form to APD Central Office.

CM/DT: _____ Branch number: _____
 CM/DT email: _____

<input type="checkbox"/> Confirmed consumer is not eligible for Medicare skilled care or Post Hospital Extended Care through their CCO or FFS.
<input type="checkbox"/> Verified Oregon ACCESS records reflect current care needs and changes.
<input type="checkbox"/> Confirmed provider has NF VAP endorsement: OAR 400-090 .
<input type="checkbox"/> An NF8 service line in pending status has been added to Oregon ACCESS. <i>*NF8 rates start on the DOR, not necessarily the admission date.</i>
<input type="checkbox"/> Eligibility for the rate is narrated in Oregon ACCESS.

CM/DT: Submit the form with Sections 1 – 3 completed to APD Central Office via email: APD.Admissions@odhsoha.oregon.gov.

4. APD Central Office (CO) review	
APD Central Office will make the final determination on the consumer’s eligibility for this rate and documented all actions in Oregon ACCESS.	
Central Office acts on NF VAP rate requests within seven (7) business days of receipt.	
<input type="checkbox"/> Approved	Effective date: _____
<input type="checkbox"/> Denied	Reason for denial: _____
<input type="checkbox"/> Pended	Action required: _____
Date: _____	
Central Office reviewer: _____	
Reviewer title: _____	

Email questions or follow-up action to APD.Admissions@odhsoha.oregon.gov.

The decision will be returned to the requestor’s email address, and NF licensing NFLicensing@dhssoha.oregon.gov.

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@dhssoha.oregon.gov within 30 days of receiving the decision.

These instructions support the November 2022 version of the ODHS TBD. All prior versions are invalid and will be returned if submitted.

The form must be received at Central Office as an interactive PDF to allow reviewers to add information to Section 4; scanned and written requests will be returned.

Please address any questions with local office management. If further clarification is needed, send an email to APD.Admissions@odhsoha.oregon.gov.

Date of request:

The date of request (DOR)/start date for the ventilator rate is based on the date the local office or Central Office received the rate request.

- If the provider contacted the local office with a ventilator *request which was not processed timely*, Central Office will use the date the provider made the request when that original DOR is supported in narration.
- The NF ventilator rate cannot be retro-actively started to the date of admission if a DOR was not established on that date.

1. Nursing Facility Information

The Nursing Facility provider must complete Section 1 completely.

- Handwritten forms are not acceptable because those are scanned and therefore not interactive.
- **Note:** If the email is incorrect in Section 1, Central Office cannot send the decision to the provider directly.

2. Resident Information

The Nursing Facility provider must complete Section 2 completely. After completing both sections, the provider will email the form to staff person or local office assigned to their facility.

3. DHS APD/AAA Required Actions

Every field in Section 3 must be completed or checked to attest the CM has reviewed the case and the requirements and the consumer meets those requirements.

- CMs will return ventilator requests to providers for consumers who do not meet the criteria for this rate after a discussion with the provider that verifies the consumer is ineligible.
- The provider must receive written communication from the CM the request has been denied; the provider has the right to appeal all denials.
- If the consumer has a reported change of condition, the CM must complete a new assessment.
- **Note:** CMs are encouraged to communicate with Central Office with any questions.

4. APD Central Office Review

This section will be completed after review of consumer's OA case.

All communications, including status update inquiries, on ventilator rates should be sent directly to the APD.Admissions@odhsoha.oregon.gov for tracking purposes.

Before sending the request to Central Office:

Please review the record on OA prior to sending the NF ventilator Rate Authorization Form to Central Office for review to prevent delays, pending actions, or denials.

CAPS and Narration:

The CAPS and narration must support all eligibility requirements for a ventilator rate

- Conflicting information will cause the request to be returned as pending.
- Information which states the consumer is *not* meeting one of the requirements will result in a denial.

CAPS and Narration must accurately and consistently reflect the consumer's care needs.

- Narration will not "override" the information in CAPS

If a new assessment has not been done to reflect a change in condition that makes the consumer eligible for the ventilator rate, the request will be returned for a new assessment to reflect that eligibility.

Benefit Eligibility and Service Planning screen:

Note: Central Office is unable to change any information on this screen except the NF8 start date and status.

Benefits section:

- The NFC active/approved line in the Service Category/Benefit section must be ended *one day prior* to the ventilator rate DOR.
- Change the *End Date* for the NFC line to prevent overlapping service end dates.
- Add an NF8 benefit line starting on the DOR and ending at the end of the certification.

Hour segment:

- No action needed.

Plan for NF8- Ventilator Rate:

- This will update in the overnight batch when the rate is approved.

Service For Plan #1:

- Make sure this shows the *Provider Name*.

Additional guidance:

Timeframe for decision:

- Central Office will address the requests within seven (7) business days

Recertification/renewals:

- If the consumer's condition has not changed and the consumer continues to meet the ventilator criteria, the CM needs to resubmit the original request form to the APD Admission email box.
- The provider does not need to complete the first two sections of the form; the CM can complete that information with the provider's information on renewals with no changes.
- The CM must add a new NF8 line to the Service Planning screen with no date gap from the prior approval.
- Add the word *RENEWAL* to the subject line of the email.