



MISSOURI DEPARTMENT OF SOCIAL SERVICES
 MISSOURI MEDICAID AUDIT AND COMPLIANCE
NURSING FACILITY INVASIVE VENTILATOR PROGRAM
 Addendum to the Nursing Home Provider Agreement

SECTION I: INSTRUCTIONS

Please complete the information in the sections below. Read the agreement thoroughly, sign and return the agreement with your provider enrollment application (or agreement if only an update) to:

Missouri Medicaid Audit and Compliance
 Provider Enrollment
 P.O. Box 6500
 Jefferson City, MO 65102

SECTION II: PROVIDER INFORMATION

PROVIDER NAME (LEGAL BUSINESS NAME)		DOING BUSINESS AS - DBA (if applicable)		
STREET ADDRESS		CITY	STATE	ZIP CODE
COUNTY	PROVIDER TELEPHONE NUMBER	PROVIDER FAX NUMBER	PROVIDER E-MAIL ADDRESS	
DESIGNATED CONTACT NAME		DESIGNATED CONTACT PHONE NUMBER	DESIGNATED CONTACT E-MAIL ADDRESS	
NPI NUMBER	MEDICARE NUMBER	STATE LICENSE NUMBER	EIN NUMBER	TAXONOMY NUMBER (if applicable)

SECTION III: AGREEMENT

The provider specified herein agrees to each and every one of the following as conditions of participation in the Missouri Department of Social Services (DSS), Nursing Facility Invasive Ventilator Program.

- (1) The provider agrees to maintain and provide documentation demonstrating:
 - a. Medicaid (Title XIX) Certification;
 - b. Medicare Certification;
 - c. That they have the capacity and capability to provide Invasive Ventilator care as documented by the DSS/ Missouri Medicaid Audit and Compliance (MMAC) and the Department of Health and Senior Services (DHSS) records, including, but not limited to, being free of finalized DHSS findings that the provider has deficiencies related to substandard quality of care during the past twelve (12) month time period or imposition of a conditional license;
 - d. Adherence to staffing requirements;
 - e. Adherence to staff training requirements;
 - f. Adherence to care, treatment and service requirements;
 - g. Validity of written agreements;
 - h. Presence of emergency policy and procedures; and
 - i. Medical condition of the resident.
- (2) The provider agrees to have and maintain physical plant adaptations to accommodate the necessary equipment.
- (3) The provider agrees to purchase and maintain the necessary equipment to accommodate the needs of the Invasive Ventilator individuals.
- (4) The provider agrees to cooperate at all times in making necessary information available to DSS, MMAC, DHSS, or their authorized representatives, for such purposes as facility surveys; monitoring resident care; provider review audits, as well as for reviewing records, policies and procedures, and service costs.
- (5) Pursuant to the *Civil Rights Act of 1964* and the *Rehabilitation Act of 1973*, the provider agrees to provide services equally to all persons without regard to race, color, religion, sex, national origin, or disability.
- (6) The provider acknowledges and understands that DSS and or MMAC may terminate this agreement, for any reason, upon written notice to the facility.

By signing below, the provider and/or facility specified above agrees to adhere to all regulations and guidelines set out in the Missouri State Code of State Regulations by the DSS, MMAC, Department of Mental Health, and the Department of Health and Senior Services DHSS as applicable.

AUTHORIZED SIGNATURE	PRINTED SIGNATURE	DATE
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FOR MMAC USE ONLY

<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED	STAFF SIGNATURE	DATE
FORWARDED TO	FORWARDED BY	DATE

PLEASE READ AND KEEP FOR YOUR RECORDS

Nursing Facility Invasive Ventilator Staffing Requirements

- A. In accordance with the Department of Health and Senior Services requirement set forth in 19 CSR 30-85.042 (35), a registered nurse shall be on duty in the facility on the day shift. Either a licensed practical nurse (LPN) or a registered professional nurse (RN) shall be on duty in the facility on both the evening and night shifts. A registered nurse shall be on call during the time when only an LPN is on duty. Additional RN staff may be determined necessary by the Department of Health and Senior Services based on the Department's review of the Invasive Ventilator Program needs;
- B. For providers authorized to provide services to ventilator dependent participants under the Nursing Facility Invasive Ventilator Program, a certified respiratory therapy technician or registered respiratory therapist, on staff or on contract with the provider, must be on-call 24 hours a day 7 days a week.

Training Requirements and Qualifications for Providers of Nursing Facility Invasive Ventilator Program

- A. Ventilator Dependent Participants
 - I. All staff caring for ventilator dependent participants must have documented training in the care of ventilator dependent individuals and the use of ventilators prior to providing such care. The training must be conducted by a certified respiratory therapy technician or registered respiratory therapist or a qualified registered nurse who has at least one year experience in the care of ventilator dependent persons. Documentation of this training shall include: name and qualification of the trainer, duration of the presentation, content of the presentation, and signature and position of all participants.

Nursing Facility Invasive Ventilator Program Care, Treatment and Service Requirements Included in Per Diem

Following is a list of Nursing Facility Invasive Ventilator care, treatment and service requirements that are to be provided in addition to all other prescribed services set forth in 13 CSR 70-10.015 and are included in the per diem:

- A. Ventilator Dependent Participants
 - I. A respiratory therapist must evaluate and document the status of the resident at least weekly;
 - II. Equipment requirements set forth below;

Nursing Facility Invasive Ventilator Program Agreement Requirements

The provider must have a valid written agreement with:

- A. An enrolled Durable Medical Equipment (DME) provider which must include a service contract for ventilator equipment when accepting ventilator dependent participants. DME providers will bill the MO HealthNet Division (MHD) for the necessary ventilator;
- B. A local emergency transportation provider;
- C. A local hospital capable of providing the necessary care for Invasive Ventilator Care Program participants, when appropriate;
- D. A certified respiratory therapy technician or registered respiratory therapist (unless a respiratory therapist is on staff within the facility), if accepting ventilator dependent participants;

Emergency Policy and Procedure Requirements

The provider must have specific written policies and procedures addressing emergency needs for each type of participant approved to receive Nursing Facility Invasive Ventilator services. The written policies and procedures should include the following, but are not limited to:

- A. Procedures to care for each type of participant qualifying under the Nursing Facility Invasive Ventilator Program in the event of power failure;
- B. Procedures to care for and transport each type of participant qualifying under the Nursing Facility Invasive Ventilator Program in the event of an emergency evacuation;
- C. Procedures to care for ventilator dependent participants in the event of equipment failure.

Nursing Facility Invasive Ventilator Plant Adaptation Requirements

The provider must have and maintain physical plant adaptations to accommodate participants that qualify under the Nursing Facility Invasive Ventilator Program in order to be considered for participation in this program. These plant adaptation requirements are in addition to the requirements already established for licensure and certification by DHSS for skilled nursing facilities.

- A. Providers of services to ventilator dependent participants must have and maintain physical plant adaptations, including but not limited to:
 - I. Building and equipment modifications required by the National Fire Protection Association (NFPA) 101 Life Safety Code to accommodate the use of life-support systems such as ventilators;
 - II. Building and equipment modifications required by NFPA 99 Health Care Facilities Standards 3-4 for Type 1 Essential Electrical Systems;
 - III. A means of notification to a nurse when a ventilator dependent participant is in distress. Examples include installing an alarm system to the ventilator machine, designate rooms near a place where nurses can easily hear the alarm on the ventilator machine, etc. DHSS must approve the accommodation.

Nursing Facility Invasive Ventilator Equipment Requirements

The provider must purchase and maintain the necessary equipment to accommodate the needs of the ventilator dependent individuals including, but not limited to:

- A. Ventilator Dependent Participants:
 - I. One (1) Ambu bag per ventilator dependent individual must be placed in the resident's room to ensure access in the event of an emergency;
 - II. Suction supplies and an oxygen source must be available to each ventilator dependent participant in their room.