



Nursing Facility Ventilator Notification

Completion and submission of this HFS 106 form is required for all start, renewal, discontinuation and LTC pending update requests in accordance with [Section 147.335 a\) Ventilator Services Enhanced Care Rate](#). Requests for the ventilator services enhanced care rate must be submitted within 45 calendar days of the requested start date or within 15 calendar days of the requested discontinuation date in accordance with 89 Ill. Adm. Code 140.513.

Renewal requests for the ventilator services enhanced care rate shall be submitted every 12 months (365 days from last approval date).

For this form to be considered valid, all documentation must meet the requirements in accordance with Section 147.335 a), be fully complete, signed, dated, and emailed to HFS.DMP.BLTC@illinois.gov. It is the facility's responsibility to ensure delivery and receipt of all emailed requests to the above email address.

The effective date for approval requests submitted more than 45 calendar days after the requested start date will be the date the Department received the approval request.

Facility Name: _____ Address and City: _____

Provider Number: _____ National Provider Identifier: _____

Resident Name: _____ Resident Birth Date: _____

Recipient Identification Number: _____ Medicaid Pending (yes/no): _____

One request per form: Start Request Renewal Medicaid Pending Update Discontinuation

Start Date Request: _____ **Renewal Request** (Original approval date): _____

Minimum daily hours on invasive mechanical ventilation: _____

Recent hospitalizations and current status (admit and discharge dates): _____

Qualifications for ventilator services enhanced care:

- Does the resident meet the requirement of invasive mechanical ventilation as defined in Section 147.355 (a)?

Yes: No:

- Is the resident dependent on the use of invasive mechanical ventilation for a minimum of 10 hours daily, 7 days a week?

Yes: No:

Completion of MDS assessment data Section O showing invasive ventilator services and Section S showing a minimum of 10 hours daily is required for completion of all reviews.

The following documents must be submitted with this form before the enhanced care rate can be authorized for review of the **start and renewal requests**:

- Physician orders (POS) identifying the effective date, ventilation mode, settings, parameters, duration, including diagnosis, tracheostomy care and suctioning. The effective date must be current on or before the requested start date. The POS must be signed and dated within 24 - 72 hours of the order date. Physician weaning orders (if applicable) identifying the effective date, ventilator weaning mode, settings, and parameters.
- Signed and dated Respiratory Therapy (RT) flow sheets showing a minimum of 3 to 5 days with consistent invasive mechanical ventilation corresponding to the effective start date, including the ventilation mode, settings, parameters and documentation of actual times placed on and removed from the ventilator. Delayed submissions will require additional flowsheets showing consistent ventilator use.
- RT admission assessment or most recent weekly RT assessment for the requested start date.
- Most recent and current progress notes from a pulmonologist or specialist in ventilator care.

Flowsheets must clearly and accurately display the minimum 10-hour daily requirement on invasive mechanical ventilation. Inconsistent or incomplete respiratory documentation showing 10-hours daily on invasive mechanical ventilation is subject to denial.

Discontinue Date: _____

The discontinue date is always the last date the resident was in the facility and meets the ventilator services enhanced care rate requirements. The date of death is always the last date the resident was on the ventilator. Weaning devices such as, but not limited to, trach collar, high-flow oxygen, nasal cannula, trach capping, speaking valve trials (PMV) or weaning for decannulation are not eligible for the ventilator services enhanced care rate.

Facility must choose one reason for discontinuing COS 038 ventilator services enhanced care rate:

- Date of death in facility: _____ Date discharged from facility (not returning): _____
- Hospice start date: _____ Change of insurance: _____
- Weaned off invasive mechanical ventilation, resident remains in the facility:

Date weaning started: _____ Date weaning ended: _____

- Must include POS identifying weaning directives.
- The last 3 to 5 days of RT flowsheets that meets the minimum 10-hour daily requirement on invasive mechanical ventilation.

Signing the HFS 106 form certifies that all entries on the form are accurate and meet full requirements identified in [89 Ill. Adm. Code 147.335\(a\)](#). Incomplete HFS 106 forms will be considered invalid and will not be eligible for review. Failure to meet any of these requirements may result in the denial of the enhanced care rate for ventilator services, future eligibility, and removal of the 038-facility approval status.

Print RT Director Name

Print Name & Title of Staff Completing Form

RT Director Signature

Date

Staff Signature

Date