



AMERICAN ASSOCIATION FOR RESPIRATORY CARE  
9425 North MacArthur Blvd., Suite 100, Irving, TX 75063, (972) 243-2272, Fax (972) 484-2720  
<http://www.aarc.org>, E-mail: [info@aarc.org](mailto:info@aarc.org)

June 3, 2010

Mr. Thomas Betlach, Director  
Arizona Health Care Cost  
Containment Systems (AHCCCS)  
801 E Jefferson MD 4100  
Phoenix AZ

**RE: Best Practices for Ventilator Care in Skilled Nursing Facilities**

Dear Mr. Betlach:

We are sending this correspondence to all State Medicaid Directors to inform each of you and your agencies of a peer-reviewed guidance document establishing best practices for the care of the ventilator dependent patient in skilled nursing home facilities.

**We believe this document can help improve the quality of care and result in cost-effective measures at a time of severe budget constraints. It has already been adopted by Tennessee Medicaid.**

The document, developed by respiratory therapists and physicians with an expertise in ventilator care has been approved by the Board of Directors of the American Association for Respiratory Care (AARC) and endorsed by its Board of Medical Advisors. The American Association for Respiratory Care is a professional organization representing 50,000 respiratory therapists who treat high-risk patients with chronic pulmonary conditions.

The best practice document sets forth the basic standards of care that are necessary to ensure the safe and efficient delivery of respiratory therapy services to patients in skilled nursing facilities (SNFs) that provide ventilator and/or high acuity respiratory care. Moreover, when these standards are followed, the opportunities that a patient may be removed or “weaned” from a ventilator increase substantially.

For your information, Tennessee has recently taken the important action of incorporating the standards outlined in our guidance document into its state Medicaid law. We encourage each state Medicaid program to adopt these standards as best practices.

Medicaid coverage and reimbursement policies for ventilator care vary greatly from state to state. There is no basic standardized structure or requirements that outline the type, extent of payment for, or quality of services available to ventilator patients outside of a hospital setting.

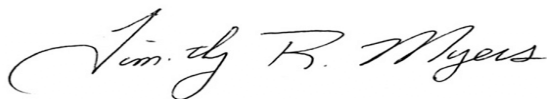
For your information, the AARC and other interested parties met recently with CMS staff. We presented our concerns and received guidance and direction from key Medicaid staff with respect to developing quality measures that would be useful as CMS continues to move toward performance-based reimbursement. The AARC also continues to work with states to create quality systems that help consumers make choices about their health by recognizing hospitals that promote patient safety by providing access to respiratory therapists to deliver their care.

Ventilator weaning should be done by specially trained individuals, i.e., respiratory therapists, with the knowledge base to protect the patient through safe operation and monitoring of the equipment. Numerous patient deaths have occurred as a result of a lack of safety standards in the SNF environment. Additionally, where appropriate personnel are not provided, few if any patients are weaned when in fact they could be.

We are more than aware of the challenges and budget constraints that face each state in carrying out its daily functions. Add to that the upcoming responsibilities states will face as part of the new health care reform law. We believe the AARC guidance document can be a valuable resource to states for framing the regulations needed to raise the standards on ventilator monitoring, appropriate staffing, and overall patient safety in the SNF arena. **Adoption by State Medicaid Agencies of the best practices outlined in our position statement will not only improve quality of care but can also result in cost-effective measures in a time when budgets are tight.**

If you have any questions or want additional information, we encourage you to discuss your state's concerns with Mr. Gene Gantt, Chairman of the AARC's Long Term Care Specialty Section. Mr. Gantt has developed a model utilizing these standards that has demonstrated 75% of patients deemed unweanable at the hospital acute care level can in fact be weaned in an appropriate post acute care setting. Mr. Gantt can be reached at [gene.gantt@linde-rss.com](mailto:gene.gantt@linde-rss.com) or 1-888-408-7795.

Sincerely,



Timothy R. Myers, BS, RRT-NPS  
President

Attachment – AARC Position Statement

cc: President, State Society for Respiratory Care  
AARC House of Delegates