

# Patient Manual

CPAP

BiLevel

NOCTURNA  
*Sleep therapy*



Sleep better, live longer.<sup>SM</sup>

A **Graymark** Healthcare Company

## MISSION STATEMENT

Nocturna's mission is to provide the gold standard treatment for sleep apnea in a courteous and expeditious fashion, so that our patients and referral sources can both sleep well.

## PRESCRIPTION

Mr./Mrs. \_\_\_\_\_

has the following prescription:

CPAP/BILEVEL Unit \_\_\_\_\_

Pressure \_\_\_\_\_ cm H2O

Mask/Pillow Size \_\_\_\_\_

Headgear \_\_\_\_\_

Ramping \_\_\_\_\_ Delay Time \_\_\_\_\_

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Nocturna does not assume any liability for personal or other injury resulting from the improper use of the home medical equipment and supplies.

**CPAP/BiLevel machines are not life sustaining devices. In the event of an emergency, utilize emergency medical services.**

## UNDERSTANDING SLEEP DISORDER TERMINOLOGY

**Apnea** – Apnea is defined as the cessation of breathing for 10 seconds or longer.

**Hypopnea** – Literally, under breathing. Breathing that is shallower than normal, resulting in reduced oxygen intake. Hypopnea is distinct from apnea; in which an apnea, there is no breathing. However, hypopneas have the same consequences for the body as apneas do.

**Central Sleep Apnea** - Central sleep apnea is defined as a neurological condition causing cessation of all respiratory effort during sleep, usually with decreases in blood oxygen saturation.

**Apnea Hypopnea Index** – (AHI) The combined number of apneas and hypopneas per hour of sleep.

**Oxygen Saturation** – Is a relative measure of the amount of oxygen that is dissolved or carried by the hemoglobin in the blood.

**Periodic Limb Movement/Restless Leg Syndrome** – (PLM/RLS) Periodic limb movement disorder (PLMD) and restless leg syndrome (RLS) are distinct disorders, but often occur simultaneously. Periodic limb movement disorders affect people only during sleep. The condition is characterized by behavior ranging from shallow, continual movement of the ankle or the toes, to wild and strenuous kicking and flailing of the legs and arms. While people with RLS complain of an irresistible urge to move their legs while at rest. The symptoms of RLS may be present all day long, making it difficult for an individual to sit motionless, which tends to compound the effects of RLS.

**CPAP** – (Continuous Positive Airway Pressure) is the treatment of choice for most people with obstructive sleep apnea. It involves using a small air blower device connected via a hose to a mask you wear while you sleep. Essentially, this device blows air to keep your airway from collapsing and prevents an obstruction.

**BiPAP** – (Bi-level Positive Airway Pressure) machines deliver air flow to the airway at a certain pressure in the same manner as a CPAP, but they have different pressures for the patient's inhalation and exhalation. Inhalation pressures are higher and keep the patient's airway open, but exhalation pressure is lower to make breathing out against the airflow easier for the patients. Bi-Levels are only needed in specialized cases where the pressure must be very high, or the patients cannot tolerate a standard CPAP.

***“Nocturna will provide state of the art durable medical equipment in a cost effective manner.***

***We will offer the best service, education, and care in the industry, leading to a better quality of life for our patients.”***

## OBSTRUCTIVE SLEEP APNEA

Sleep apnea is the cessation of breathing as you sleep. The most common type of sleep apnea is called obstructive apnea. This is caused by the normal tissue of the throat, interfering or obstructing the upper airway and causing a partial or complete blockage. This blockage or obstruction can be severe enough to cause you to stop breathing for 10 seconds to two minutes. During the apnea episode blood oxygen levels can fall dramatically, which can lead to other serious medical conditions. These apneas can, and often do, lead to brief awakenings or arousals from sleep. Someone with moderate to severe apnea can awaken hundreds of times each night. The arousals cause you to lose valuable sleep. You may not notice yourself awakening, but you will notice changes during the day such as excessive sleepiness, loss of energy, trouble concentrating and irritability. This condition if left untreated can be very dangerous and can even cause death.

Obstructive sleep apnea is often associated with snoring. Once thought to be an amusing sound, snoring is now considered a possibly serious medical condition. Sleep apnea is becoming more recognized. There has been a great deal of progress in testing and treatment of this disorder.

If you have been diagnosed as having sleep apnea, it is very important for you to follow your physicians directions. Your treatment calls for the use of Continuous Positive Airway Pressure or BiLevel Positive Airway Pressure. This manual will explain the use, cleaning, maintenance and troubleshooting of the device. Remember that it is vital for your health to use the CPAP/BiLevel equipment properly and consistently.

## CONTINUOUS POSITIVE AIRWAY PRESSURE - CPAP

The CPAP machine is basically a blower, which provides a gentle, continuous flow of air to act as a “splint” to hold the airway open. The mask you will wear over your nose is attached to a hose, which is connected to the CPAP unit. The constant flow of air provides enough pressure to overcome the obstruction in your airway while you sleep. Some people may use nasal pillows, which are small, soft, rubbery pieces that sit against the end of the nose instead of a nasal mask.

It generally takes two days to a month to become completely accustomed to the CPAP machine and the nasal mask. It is very important to continue to try to sleep with the mask on. You will eventually become accustomed to it and will consider it a normal part of sleeping. With the use of CPAP, you may also start to notice changes in your life, such as a restful feeling and an increase in energy.



The CPAP machine provides continuous pressure on both inspiration and exhalation. The mask should fit snug against your face and without excessive air leaks for the unit to work properly. There is however, a “normal leak” in the mask. This is from the exhalation port. **Do not attempt to tape over the port** as this will result in incorrect pressures and not allow you to exhale properly.

## BiLEVEL POSITIVE AIRWAY PRESSURE - BiLEVEL/BiPAP®

Some people cannot tolerate the continuous pressure of CPAP or the same pressure on inhalation and exhalation. Thus, your physician may prescribe BiLevel. BiLevel is much like CPAP therapy in that a machine provides a gentle flow of air to help stabilize the muscles of the upper airway. However, with BiLevel there is a slightly different pressure on inhalation than exhalation. Typically, there is a higher pressure on inhalation and lower pressure on exhalation. With this type of equipment, it should be easier for you to become adjusted to the therapy.

Because BiLevel is a specialized piece of equipment, its use requires additional testing in the sleep lab and documentation from the physician. The BiLevel units are generally more expensive than CPAP.



Masks and headgear assembly and usage are the same for the CPAP and BiLevel machines. Your Nocturna representative will explain the BiLevel machine operation to you in detail.

## BiPAP®/CPAP COMPLIANCE

It is very important for you to comply with your physicians' prescription and use the CPAP/BiPAP® machine as directed. This is probably something very new to you and will require some "getting use to" before you become completely comfortable with your therapy. Many people will require one to two weeks to begin to become accustomed to this therapy. You may want to try using the machine a few hours a night in the beginning and then gradually increase the length of time, until you are wearing the CPAP system the entire night.

Once you become completely accustomed to this type of therapy, you will probably notice changes such as increased energy and less sleepiness. Do not fall into the habit of not using the device because you feel better. Chances are you will begin experiencing the same signs and symptoms you had before your treatment began. CPAP therapy does not cure sleep apnea but only prevents it from occurring while you are using the system. If you have questions regarding your therapy, the machine or supplies please give a Nocturna representative a call.

## BiPAP®/CPAP MACHINE

### OPERATION:

1. Place the CPAP unit on a steady table at or below the bed. Be sure the unit will not tip over. There should be at least one foot of space around the unit to allow proper air movement and cooling.
2. Plug the CPAP unit into a properly grounded outlet. **There should not be any other appliances plugged into this outlet.**
3. Be sure the tubing is attached to the CPAP air outlet. It should be a fairly tight fit.
4. Attach the other end of the tubing to the mask connector. Ensure that no exhalation ports are blocked.
5. Turn unit on. Fit mask and headgear. See mask/pillow instructions on page 12.
6. Turn on ramping feature if needed.

### CLEANING:

1. Un-plug the CPAP machine and wipe off with a damp towel as needed. Be sure machine is completely dry before plugging it in. NEVER immerse the machine in water. Doing so may cause serious electrical shock.
2. Clean the filter by removing and rinsing under water. Do not re-install the filter until it is completely dry. The filter should be cleaned at least weekly. (*Warmer than normal air at the mask can indicate a dirty filter*). **Never operate machine without the filter installed.**

### PRECAUTIONS:

1. Only use the amount of CPAP pressure prescribed by your physician. Do not try to alter the settings.
2. Do not let anyone untrained in the usage of the CPAP unit operate the machine.
3. Do not "work" on the machine. If there is a problem, call Nocturna
4. Do not use an extension cord with your machine.
5. Keep the CPAP machine in a well-ventilated area free from possible obstructions of the filter(s).

## MASKS/NASAL PILLOWS/HEADGEAR CLEANING SCHEDULE

	Daily	Weekly	Monthly
<b>Mask/Nasal Pillows</b>  <b>Headgear</b>	Remove the mask/nasal pillows from the headgear. Clean with warm, mild soap; rinse thoroughly and air dry.	Clean with mild soap and water. Rinse thoroughly and air dry.	Inspect mask—replace if worn (every 6 months)  Inspect headgear and replace (every 6 months)
<b>Hose</b>		Soak for 20 minutes with a 1:3 mixture of white vinegar and water <b>OR</b> wash in warm, soapy water; rinse thoroughly	Inspect hose—replace if worn (every 3 months)
<b>Water Chamber</b>	Empty water daily and refill with new distilled water. <b>Use only distilled water.</b>	Soak for 20 minutes with a 1:3 mixture of white vinegar and water <i>or</i> if you have a chamber that comes apart, you may place it in the TOP rack of your dishwasher.	Check chamber for leaks—replace if it leaks (every 6 months)
<b>Filters</b>  <b>Disposable</b>  <b>Reusable</b>		Check and replace when color changes.  Check and clean	Check and replace when color changes. Replace every month or 90 days depending on type of machine.  Replace filters when worn (every 6 months)

## CPAP/BI-LEVEL SUPPLY REPLACEMENT SCHEDULE PER INSURANCE GUIDELINES

Mask and Headgear	Replaceable once per 6 months
Tubing	Replaceable once per 3 months
Water Chamber	Replaceable once per 6 months
Chinstrap	Replaceable once per 6 months
Disposable Filters (6)	Replaceable once per 3 months
Non-Disposable Filters (1)	Replaceable once per 6 months
Nasal Pillows (2 pair)	Replaceable once per month
Nasal Mask Cushion (2)	Replaceable once per month
Full Face Mask Cushion (1)	Replaceable once per month

## HUMIDIFIERS

### **CLEANING:**

#### Daily

1. Empty any remaining water. Do not fill the humidifier until the next use.

#### Weekly

1. Wash humidifier and tubing in mild soap and warm water. Be sure to immerse the parts. May also use 1 part vinegar to 3 parts water to prevent soap buildup.
2. Rinse the parts thoroughly in warm water. Do not attach the tubing to the CPAP machine until completely dry.
3. Place on a clean towel to air dry. Hang tubing and allow to dry. Do not attach tubing or other parts to machine until completely dry.

Note: some humidifiers can be washed in the dishwasher, consult a Nocturna representative for specific details.

### **PRECAUTIONS:**

1. Do not put any medications in the humidifier.
2. Do not over fill or under fill humidifier.

## HEATED HUMIDIFIERS (HEATERS)

You may require the use of a heated humidifier to be used with your CPAP/BiPAP. Whenever air is heated it is able to “hold” more water or humidity. The heaters utilized by Nocturna are capable of providing heated and humidified air in conjunction with the CPAP or Bilevel therapy. The heater setting you select will be dependent upon the room temperature, room humidity and the applicable season of the year.

### **OPERATION:**

1. Fill the humidifier chamber as instructed.
2. Slide the humidifier chamber in the bracket securely.
3. Be sure all tubing is attached as instructed.
4. Turn on CPAP or Bilevel machine.
5. Turn on heater, it is suggested to start with a medium temperature level. Over the next few nights adjust the setting as needed. Note: If large amounts of water are observed in the tubing after use, you may want to lower the temperature setting.
6. After use, turn off heater and CPAP or Bilevel machine.
7. Allow chamber to cool before removing.

## EQUIPMENT & SUPPLIES

Pictured below are some of the common supplies and machines utilized by Nocturna, for CPAP/BiLevel therapy.



F&P HC234



DeVilbiss CPAP machine



Flexifit HC407



ComfortGel™



F&P Opus



Flexifit 431

## BiPAP®/CPAP MACHINE - COMMON PROBLEMS & SOLUTIONS

Problem	Probable Cause	Solution
Machine does not turn on.	<p>Power cord not firmly connected to the unit or the outlet.</p> <p>Unit connected to a “live” outlet.</p> <p>Traveling overseas.</p> <p>Unit fuse has blown out.</p>	<p>Verify proper electrical connections.</p> <p>Verify the outlet is working properly. (Plug a working lamp into the outlet).</p> <p>Make sure you have the appropriate adaptor for international travel.</p> <p>Replace the fuses with the same fuse type. Verify that the voltage selector switch setting is not set too low.</p>
Unit starts and stops.	<p>Power cord not completely connected to the unit or the outlet.</p>	<p>Verify that the power cord is completely connected at the rear of the unit and the electrical outlet.</p>
No air comes out of the unit when power is connected.	<p>No power supplied to the unit</p> <p>Voltage selector switch is set incorrectly.</p> <p>Possible internal problems.</p>	<p>Verify electrical power.</p> <p>Verify voltage setting is not set too high.</p> <p>Call Nocturna</p>
Change in pressure being delivered either higher or lower.	<p>Ports on mask are open.</p> <p>Filter is dirty or blocked.</p> <p>Ramp feature is activated.</p> <p>Altitude setting is incorrect.</p> <p>Possible internal problems.</p>	<p>Verify ports on mask are closed properly.</p> <p>Change filter. Remove any obstructions to air filter</p> <p>Verify ramp setting.</p> <p>Verify altitude setting.</p> <p>Call Nocturna</p>
Air from the machine seems warm.	<p>Dirty filters.</p>	<p>Room temperature too warm. Replace or clean filters.</p> <p>Make sure there is at least one foot of air space around the entire machine.</p>

## BiPAP®/CPAP MACHINE - COMMON PROBLEMS & SOLUTIONS

Problem	Probable Cause	Solution
Air from the machine seems warm.	<p>Air filter circulation is blocked by bed-clothes, curtains, etc.</p> <p>Room temperature too warm.</p>	<p>Move the unit away from bed-clothes or curtains that block the flow of air around the unit.</p> <p>Turn down the thermostat at night.</p> <p>Add a second length of tubing to the circuit to allow the air to cool.</p> <p>Place the unit on the floor where the air may be cooler.</p>
Unit seems too loud.	<p>Patient is not used to unit; it may take a week or two to adjust.</p>	<p>Make sure you are sleepy when going to bed. If you can't get used to it, contact Nocturna. You may find that using two lengths of tubing allow you to move the unit away from your bed. (Never use more than two lengths of tubing).</p>
Air is blowing in your face.	<p>Mask is too loose.</p> <p>Exhalation port is turned toward you.</p> <p>Mask/nasal pillow has a tear or hole.</p>	<p>Tighten the straps evenly from one side of the mask to the next.</p> <p>Make sure the exhalation port is pointing away from your face.</p> <p>Check mask/nasal pillow for tears or holes. Call Nocturna to replace.</p>
“Whistle” noise coming from the mask.	<p>Ports on the mask are unplugged or uncapped.</p> <p>If humidifier is being used: Excess water accumulated in the tubing.</p>	<p>Check the ports on the mask to make sure they are closed.</p> <p>Check humidifier setting. Make sure you have not overfilled the humidifier.</p>
Eye irritation	<p>Mask not positioned properly. Headgear adjusted improperly.</p> <p>Mask size is not appropriate.</p>	<p>Reapply the mask and readjust the headgear.</p> <p>Contact Nocturna for a mask refitting.</p>

## BiPAP®/CPAP MACHINE - COMMON PROBLEMS & SOLUTIONS

<b>Problem</b>	<b>Probable Cause</b>	<b>Solution</b>
Skin irritation where the mask contacts the skin.	Mask not washed/rinsed properly.  Irritation or allergy to mask material.	Wash mask following mask cleaning instructions.  Use a barrier between your skin and the mask, such as 3M's Micro-pore tape or Squibb's Duoderm. Contact Nocturna or your doctor if the problem persists.
Runny nose.	Nasal reaction to air flow.	Contact your doctor or Nocturna. You may need to add a humidifier to your therapy.
Stuffy nose.	Nasal reaction to air flow.	Contact your doctor for recommendations of nasal sprays or decongestants. Contact your doctor or Nocturna about adding humidifier to your therapy.
Dryness or burning sensation in the throat or nose.	Air is too dry.	Contact your doctor or Nocturna about adding humidifier to your therapy.  Ask your doctor about nasal sprays or gels.  Make sure you are keeping your mouth closed. Contact Nocturna for information about the use of a chin strap.
Ear, nose or sinus pain.	Sinus infection or middle ear infection.	Stop using and contact your doctor.
Condensation accumulates in the tubing.	Room temperature is too cool.	Reposition the tubing so that it runs under your bed covers to reduce the change in temperature of the tubing to decrease the condensation.
Traveling with CPAP/BiPAP.	Important to use your therapy every night.	CPAP/BiPAP units are designed to take with you.  Carry a copy of your prescription with you.

## BiPAP®/CPAP MACHINE - COMMON PROBLEMS & SOLUTIONS

Problem	Probable Cause	Solution
Traveling with CPAP/BiPAP.	Important to use your therapy every night.	Traveling by air – contact your airline to verify if there is a special screening process required to carry on your CPAP/BiPAP unit.

**All other problems or questions about equipment, contact Nocturna**

### DESCRIPTION:

The mask is one of the essential parts of CPAP usage. It should be effective yet comfortable to wear all night. A tighter fit is not necessarily a better fit. Sometimes over tightening the headgear and mask can result in air leaks. The following steps can help you become accustomed to and confident of your CPAP therapy.



Flexifit HC407



ComfortGel™



F&P Opus



Flexifit 431

### ASSEMBLY/FITTING:

1. Assemble the headgear as instructed. Be sure all the Velcro straps are secured properly.
2. Fit the mask or pillows' shell to the face and pull the headgear onto the head. Preferably tighten straps or make adjustments while lying down to obtain the optimal mask/pillow fit.
3. Tighten the Velcro® straps on the headgear in an even fashion to ensure a tight, comfortable fit with no air leaks.
4. After wearing your CPAP mask or pillows for a few nights you may want to mark lines on your headgear that indicate the strap adjustment that gives you the best fit.
5. Be sure the tubing is connected to the mask and to the machine.
6. Turn on the CPAP unit and adjust the ramping if desired.

*The recommendation is to turn the blower on, put mask on and then tighten the headgear. The air pressure helps form a seal against your face.*

## CLIENT/PATIENT BILL OF RIGHTS AND RESPONSIBILITIES

We believe that all client/patients receiving services from Nocturna should be informed of their rights. Therefore, you are entitled to:

1. Receive reasonable coordination and continuity of services from the referring agency for home medical equipment services.
2. Receive a timely response from Nocturna when homecare services/care is needed or requested.
3. Be fully informed in advance about service/care to be provided and any modifications to the Plan of Service/Care.
4. Participate in the development and periodic revision of the Plan of service/care.
5. Informed consent and refusal of service/care or treatment after the consequences of refusing service/care or treatment are fully presented.
6. Be informed in advance of the charges, including payment for service/care expected from third parties and any charges for which the client/patient will be responsible.
7. Have one's property and person treated with respect, consideration, and recognition of client/patient dignity and individuality.
8. Be able to identify visiting staff members through proper identification.
9. Voice grievances/complaints or recommend changes in policy, staff or service/care without restraint, interference, coercion, discrimination or reprisal.
10. Choose a health care provider.
11. Confidentiality and privacy of all information contained in the client/patient record and of Protected Health Information.
12. Receive appropriate service/care without discrimination in accordance with physician orders.
13. Be informed of any financial benefits when referred to an organization.
14. Be fully informed of one's responsibilities.
15. Be informed of provider service/care limitations.
16. Be informed of client/patient rights under state law to formulate advance care directives.
17. Be informed of anticipated outcomes of service/care and of any barriers in outcome achievement.

### CLIENT RESPONSIBILITIES

1. Client agrees that rental equipment will be used with reasonable care, not altered or modified, and returned in good condition (normal wear and tear excepted).
2. Client agrees to promptly report to Nocturna any malfunctions or defects in rental equipment so that repair/replacement can be arranged.
3. Client agrees to provide Nocturna access to all rental equipment for repair/replacement, maintenance, and/or pick-up of the equipment.
4. Client agrees to use the equipment for the purposes so indicated and in compliance with the physician's prescription.
5. Client agrees to keep the equipment in their possession and at the address, to which it was delivered unless otherwise authorized by Nocturna
6. Client agrees to notify Nocturna of any hospitalization, change in customer insurance, address, telephone number, physician, or when the medical need for the rental equipment no longer exists.
7. Client agrees to request payment of authorized Medicare, Medicaid, or other private insurance benefits are paid directly to Nocturna for any services furnished by Nocturna.
8. Client agrees to accept all financial responsibility for home medical equipment furnished by Nocturna
9. Client agrees to pay for the replacement cost of any equipment damaged, destroyed, or lost due to misuse, abuse or neglect, **including smoke damage**.
10. Client agrees not to modify the rental equipment without the prior consent of Nocturna
11. Client agrees that any authorized modification shall belong to the titleholder of the equipment unless equipment is purchased and paid for in full.
12. Client agrees that title to the rental equipment and all parts shall remain with Nocturna at all times unless equipment is purchased and paid for in full.

## CLIENT/PATIENT BILL OF RIGHTS AND RESPONSIBILITIES

13. Client agrees that Nocturna shall not insure or be responsible to the client for any personal injury or property damage related to any equipment; including that caused by use or improper functioning of the equipment; the act or omission of any other third party, or by any criminal act or activity, war, riot, insurrection, fire or act of God
14. Client understands that Nocturna retains the right to refuse delivery of service to any client at any time.
15. Client agrees that any legal fees resulting from a disagreement between the parties shall be borne by the unsuccessful party in any legal action taken.
16. Client understands that they be informed by Nocturna in advance of any changes in the Plan of care.
17. It is the Clients right:
  - To be free from mental and/or physical abuse.
  - To refuse experimental treatment and/or experimental drugs.
  - To be treated with dignity in our Plan of Care.
  - Right to receive or not receive treatment.
  - Right to privacy of care
18. The Client has the right to be treated in accordance with their civil rights without any discrimination noted by Nocturna.

When the client/patient is unable to make medical or other decisions, the family should be consulted for direction. All staff members will understand and be able to discuss the Client Bill of Rights and Responsibilities with the client/patient and caregiver(s). Each staff member will receive training during orientation and attend an annual in-service education class on the Client Bill of Rights and Responsibilities.

## HIPAA NOTICE OF PRIVACY PRACTICES

**As required by the Privacy Regulations Promulgated Pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA)**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

This Notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment or health care operations (TPO) and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

**Uses and Disclosures of Protected Health Information:** Your protected health information may be used and disclosed by our organization, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to support the operation of the organization, and any other use required by law.

**Treatment:** We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, we would disclose your protected health information, as necessary, to a home health agency that provides care to you. For example, your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

**Payment:** Your protected health information will be used, as needed, to obtain payment for your health care services. For example, obtaining approval for equipment or supplies coverage may require that your relevant protected health information be disclosed to the health plan to obtain approval for coverage.

**Healthcare Operations:** We may use or disclose, as-needed, your protected health information in order to support the business activities of our organization. These activities include, but are not limited to, quality assessment activities, employee review activities, accreditation activities, and conducting or arranging for other business activities. For example, we may disclose your protected health information to accrediting agencies as part of an accreditation survey. We may also call you by name while you are at our facility. We may use or disclose your protected health information, as necessary, to contact you to check the status of your equipment.

**We may use or disclose your protected health information in the following situations without your authorization:** as Required By Law, Public Health issues as required by law, Communicable Diseases, Health Oversight, Abuse or Neglect, Food and Drug Administration requirements, Legal Proceedings, Law Enforcement, Criminal Activity, Inmates, Military Activity, National Security, and Workers' Compensation. Required Uses and Disclosures: Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500.

**Other Permitted and Required Uses and Disclosures Will Be Made Only with Your Consent, Authorization or Opportunity to Object, unless required by law.**

You may revoke this authorization, at any time, in writing, except to the extent that your physician or this organization has taken an action in reliance on the use or disclosure indicated in the authorization.

**Your Rights:** Following is a statement of your rights with respect to your protected health information.

**You have the right to inspect and copy your protected health information.** Under federal law, however, you may not inspect or copy the following records; psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information.

## HIPAA NOTICE OF PRIVACY PRACTICES

**You have the right to request a restriction of your protected health information.** This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

Our organization is not required to agree to a restriction that you may request. If our organization believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. You then have the right to use another Healthcare Professional.

**You have the right to request to receive confidential communications from us by alternative means or at an alternative location. You have the right to obtain a paper copy of this notice from us,** upon request, even if you have agreed to accept this notice alternatively, e.g., electronically.

**You may have the right to have our organization amend your protected health information.** If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

**You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information.**

We reserve the right to change the terms of this notice and will inform you by mail of any changes. You then have the right to object or withdraw as provided in this notice.

**Complaints:** You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our privacy contact of your complaint. **We will not retaliate against you for filing a complaint.**

**We are required by law** to maintain the privacy of, and provide individuals with, this notice of our legal duties and privacy practices with respect to protected health information, if you have any questions concerning or objections to this form, please ask to speak with our compliance officer in person or by phone at 1-877-817-5337.

**Associated companies with whom we may do business,** such as an answering service or delivery service, are given only enough information to provide the necessary service to you. No medical information is provided.

**We welcome your comments:** Please feel free to call us if you have any questions about how we protect your privacy. Our goal is always to provide you with the highest quality services.

This notice was published and becomes effective on/or before April 14, 2003

## SUPPLIER STANDARDS

### **Nocturna adheres to the following standards as required by the Centers for Medicare and Medicaid Service:**

1. A supplier must be in compliance with all applicable Federal and State licensure and regulatory requirements.
2. A supplier must provide complete and accurate information on the DMEPOS supplier application. Any changes to this information must be reported to the National Supplier Clearinghouse within 30 days.
3. An authorized individual (one whose signature is binding) must sign the application for billing privileges.
4. A supplier must fill orders from its own inventory, or must contract with other companies for the purchase of items necessary to fill the order. A supplier may not contract with any entity that is currently excluded from the Medicare program, any State health care programs, or from any other Federal procurement or non-procurement programs.
5. A supplier must advise beneficiaries that they may rent or purchase inexpensive or routinely purchased durable medical equipment, and of the purchase option for capped rental equipment.
6. A supplier must notify beneficiaries of warranty coverage and honor all warranties under applicable State law, and repair or replace free of charge Medicare covered items that are under warranty.
7. A supplier must maintain a physical facility on an appropriate site.
8. A supplier must permit CMS or its agents to conduct on-site inspections to ascertain the supplier's compliance with these standards. The supplier location must be accessible to beneficiaries during reasonable business hours, and must maintain a visible sign and posted hours of operation.
9. A supplier must maintain a primary business telephone listed under the name of the business in a local directory or a toll-free number available through directory assistance. The exclusive use of mobile communications devices is prohibited.
10. A supplier must have comprehensive liability insurance in the amount of at least \$300,000 that covers both the supplier's place of business and all customers and employees of the supplier. If the supplier manufactures its own items, this insurance must also cover product liability and completed operations.
11. A supplier must agree not to initiate telephone contact with beneficiaries, with a few exceptions allowed. This standard prohibits suppliers from calling beneficiaries in order to solicit new business.
12. A supplier is responsible for delivery and must instruct beneficiaries on use of Medicare covered items, and maintain proof of delivery.
13. A supplier must answer questions and respond to complaints of beneficiaries, and maintain documentation of such contacts.
14. A supplier must maintain and replace at no charge or repair directly, or through a service contract with another company, Medicare-covered items it has rented to beneficiaries.
15. A supplier must accept returns of substandard (less than full quality for the particular item) or unsuitable items (inappropriate for the beneficiary at the time it was fitted and rented or sold) from beneficiaries.
16. A supplier must disclose these supplier standards to each beneficiary to whom it supplies a Medicare-covered item.
17. A supplier must disclose to the government any person having ownership, financial, or control interest in the supplier.
18. A supplier must not convey or reassign a supplier number; i.e., the supplier may not sell or allow another entity to use its Medicare billing number.
19. A supplier must have a complaint resolution protocol established to address beneficiary complaints that relate to these standards. A record of these complaints must be maintained at the physical facility.
20. Complaint records must include: the name, address, telephone number, a summary of the complaint, and any actions taken to resolve it.
21. A supplier must agree to furnish CMS any information required by the Medicare statute and implementing regulations.
22. All suppliers must be accredited by a CMS-approved accreditation organization in order to receive and retain a supplier billing number. The accreditation must indicate the specific products and services, for which the supplier is accredited in order for the supplier to receive payment of those specific products and services (except for certain exempt pharmaceuticals).
23. All suppliers must disclose upon enrollment all products and services, including the addition of new product lines for which they are seeking accreditation.
24. All suppliers must notify their accreditation organization when a new DMEPOS location is opened.
25. All supplier locations, whether owned or subcontracted, must meet the DMEPOS quality standards and be separately accredited in order to bill Medicare.
26. Must meet the surety bond requirements specified in 42 C.F.R. 424.57(c). Implementation date- May 4, 2009
27. A supplier must obtain oxygen from a state- licensed oxygen supplier.
28. A supplier must maintain ordering and referring documentation consistent with provisions found in 42 C.F.R. 424.516(f).
29. DMEPOS suppliers are prohibited from sharing a practice location with certain other Medicare providers and suppliers.
30. DMEPOS suppliers must remain open to the public for a minimum of 30 hours per week with certain exceptions.

## HOW TO MAKE YOUR HOME SAFE FOR MEDICAL CARE

At Nocturna, we want to make sure that your home medical treatment is done conveniently and safely. Many of our client/patients are limited in strength, or unsteady on their feet. Some are wheelchair- or bed-bound. These pages are written to give our client/patients some easy and helpful tips on how to make the home safe for home care.

### Fire Safety and Prevention

- ⇒ Smoke detectors should be installed in your home. Make sure you check the batteries at least once a year.
- ⇒ If appropriate, you may consider carbon monoxide detectors as well. Ask your local fire department if you should have one in your home.
- ⇒ Have a fire extinguisher in your home, and have it tested regularly to make sure it is still charged and in working order.
- ⇒ Have a plan for escape in the event of a fire. Discuss this plan with your family.
- ⇒ If you use oxygen in your home, make sure you understand the hazards of smoking near oxygen. Review the precautions. If you aren't sure, ask your oxygen provider what they are.
- ⇒ If you are using electrical medical equipment, make sure to review the instruction sheets for that equipment. Read the section on electrical safety.

### Electrical Safety

- ⇒ Make sure that all medical equipment is plugged into a properly grounded electrical outlet.
- ⇒ If you have to use a three-prong adapter, make sure it is properly installed by attaching the ground wire to the plug outlet screw.
- ⇒ Use only good quality outlet "extenders" or "power strips" with internal Circuit breakers. Don't use cheap extension cords.

### Safety in the Bathroom

Because of the smooth surfaces, the bathroom can be a very dangerous place, especially for persons who are unsteady.

- ⇒ Use non-slip rugs on the floor to prevent slipping.
- ⇒ Install a grab-bar on the shower wall, and non-slip footing strips inside the tub or shower.
- ⇒ Ask your medical equipment provider about a shower bench you can sit on in the shower.
- ⇒ If you have difficulty sitting and getting up, ask about a raised toilet seat with arm supports to make it easier to get on and off the commode.
- ⇒ If you have problems sensing hot and cold, you should consider lowering the temperature setting of your water heater so you don't accidentally scald yourself without realizing it.

### Safety in the Bedroom

It's important to arrange a safe, well-planned and comfortable bedroom since a lot of your recuperation and home therapy may occur there.

- ⇒ Ask your home medical provider about a hospital bed. These beds raise and lower so you can sit up, recline, and adjust your knees. A variety of tables and supports are also available so you can eat, exercise, and read in bed.
- ⇒ Bed rails may be a good idea, especially if you have a tendency to roll in bed at night.
- ⇒ If you have difficulty walking, inquire about a bedside commode so you don't have to walk to the bathroom to use the toilet.
- ⇒ Make sure you can easily reach the light switches, and other important things you might need through the day or night.
- ⇒ Install night-lights to help you find your way in the dark at night.
- ⇒ If you are using an IV pole for your IV or enteral therapy, make sure that all furniture, loose carpets, and electrical cords are out of the way so you do not trip and fall while walking with the pole.

# HOW TO MAKE YOUR HOME SAFE FOR MEDICAL CARE

## Safety in the Kitchen

Your kitchen should be organized so you can easily reach and use the common items, especially during your recuperation while you are still a bit weak:

- ⇒ Have a friend or health care worker remove all common small appliances and utensils from cabinets, and place them on your counters where you can easily use them.
- ⇒ Have a chair brought into the kitchen to the counter work area if you have difficulty standing.
- ⇒ Make sure you are careful lifting pots and pans. Not only might they be hot, but they can be heavy as well. Use padded mitts to firmly grasp pans and pots on both sides.
- ⇒ Ask your kitchen or hardware store about utensils for manually impaired or arthritic persons, including:
  - Basic electric can openers
  - Bottle and jar openers
  - Large-handled utensils
- ⇒ When working at your stove, be very careful that intravenous, tube feeding tubing, or oxygen tubing do not hang over the heat. They can be flammable.

## Getting Around Safely

If you are now using assistant devices for ambulating (walking), here are some key points:

- ⇒ Install permanent or temporary guardrails on stairs to give you additional support if you are using a cane or are unsteady.
- ⇒ If you are using a walker, make sure that furniture and walkways are arranged to give you enough room.
- ⇒ If you are using a walker or wheelchair, you may need a ramp for getting into or out of the house. Ramps can be purchased ready-made, or may be constructed for you. Talk to your home medical equipment provider about available options.

**What To Do If You Get Hurt ...** In case of emergency, contact: Fire, Police, Ambulance: **911**

**Hospital:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Home Care Agency:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Doctor:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Nocturna Phone:**

**Oklahoma and Texas: 405-330-1633**

**Nevada: 702-438-4263**

If you have any questions about safety that aren't in this booklet, please call us and we will be happy to give you recommendations for your individual needs.

## EMERGENCY PLANNING FOR THE HOME CARE CLIENT/PATIENT

This pamphlet has been provided by Nocturna to help you plan your actions in case there is a natural disaster where you live. Many areas of the United States are prone to natural disasters like hurricanes, tornadoes, floods, and earthquakes.

Every client/patient receiving care or services in the home should think about what they would do in the event of an emergency. Our goal is to help you plan so that we can try to provide you with the best, most consistent service we can during the emergency.

### **Know What to Expect**

If you have recently moved to this area, take the time to find out what types of natural emergencies have occurred in the past, and what types might be expected.

Find out what, if any, time of year these emergencies are more prevalent.

Find out when you should evacuate, and when you shouldn't.

Your local Red Cross, local law enforcement agencies, local news and radio stations usually provide excellent information and tips for planning.

### **Know Where to Go**

One of the most important pieces of information you should know is the location of the closest emergency shelter. These shelters are opened to the public during voluntary and mandatory evacuation times. They are usually the safest place for you to go, other than a friend or relative's home in an unaffected area.

### **Know What to Take with You**

If you are going to a shelter, there will be restrictions on what items you can bring with you. Not all shelters have adequate storage facilities for medications that need refrigeration.

*We recommend that you call ahead and find out which shelter in your area will let you bring your medications and medical supplies, in addition, let them know if you will be using medical equipment that requires an electrical outlet.*

### **Reaching Us if There Are No Phones**

How do you reach us during a natural emergency if the phone lines don't work? If there is warning of the emergency, such as a hurricane watch, we will make every attempt to contact you and provide you with the number of our cellular phone. (Cellular phones frequently work even when the regular land phone lines do not.)

If you have no way to call our cellular phone, you can try to reach us by having someone you know call us from his or her cellular phone. (Many times cellular phone companies set up communication centers during natural disasters. If one is set up in your area, you can ask them to contact us.)

If the emergency was unforeseen, we will try to locate you by visiting your home, or by contacting your home nursing agency. If travel is restricted due to damage from the emergency, we will try to contact you through local law enforcement agencies.

### **An Ounce of Prevention...**

We would much rather prepare you for an emergency ahead of time than wait until it has happened and then send you the supplies you need.

To do this, we need for you to give us as much information as possible before the emergency. We may ask you for the name and phone number of a close family member, or a close friend or neighbor. We may ask you where you will go if an emergency occurs. Will you go to a shelter, or a relative's home? If your doctor has instructed you to go to a hospital, which one is it?

## EMERGENCY PLANNING FOR THE HOME CARE CLIENT/PATIENT

Having the address of your evacuation site, if it is in another city, may allow us to service your therapy needs through another company.

### Helpful Tips

- ⇒ Get a cooler and ice or freezer gel-packs to transport your medication.
- ⇒ Get all of your medication information and teaching modules together and take them with you if you evacuate.
- ⇒ Pack one week's worth of supplies in a plastic-lined box or waterproof tote bag or tote box. Make sure the seal is watertight.
- ⇒ Make sure to put antibacterial soap and paper towels into your supply kit.
- ⇒ If possible, get waterless hand disinfectant from a local store. It comes in very handy if you don't have running water.
- ⇒ If you are going to a friend or relative's home during evacuation, leave their phone number and address with Nocturna and your home nursing agency.
- ⇒ When you return to your home, contact your home nursing agency and Nocturna so we can visit and see what supplies you need.

### For More information

There is much more to know about planning for and surviving during a natural emergency or disaster.

To be ready for an emergency, contact your local American Red Cross or Emergency Management Services agency.

### An Important Reminder!!

*During any emergency situation, if you are unable to contact our company and you are in need of your prescribed medication, equipment or supplies, **you must go to the nearest emergency room or other treatment facility for treatment.***

## ADVANCE DIRECTIVES - MAKING DECISIONS ABOUT YOUR HEALTH CARE

*Advance Directives* are forms that say, in advance, what kind of treatment you want or don't want under serious medical conditions. Some conditions, if severe, may make you unable to tell the doctor how you want to be treated at that time. Your Advance Directives will help the doctor to provide the care you would wish to have.

Most hospitals and home health organizations are required to provide you with information on Advance Directives. Many are required to ask you if you already have Advance Directives prepared.

This pamphlet has been designed to give you information and may help you with important decisions. Laws regarding Advance Directives vary from state to state. We recommend that you consult with your family, close friends, your physician, and perhaps even a social worker or lawyer regarding your individual needs and what may benefit you the most.

### **What Kinds Of Advance Directives Are There?**

There are two basic types of Advance Directives available. One is called a Living Will. The other is called a Durable Power of Attorney.

A Living Will gives information on the kind of medical care you want (or do not want) become terminally ill and unable to make your own decision.

- ⇒ It is called a "Living" Will because it takes effect while you are living.
- ⇒ Many states have specific forms that must be used for a Living Will to be considered legally binding. These forms may be available from a social services office, law office, or possibly a library.
- ⇒ In some states, you are allowed to simply write a letter describing what treatments you want or don't want.
- ⇒ In all cases, your Living Will must be signed, witnessed, and dated. Some states require verification.

A Durable Power of Attorney is a legal agreement that names another person (frequently a spouse, family member, or close friend) as an agent or proxy. This person would then be make medical decisions for you if you should become unable to make them for yourself. A Durable Power of Attorney can also include instructions regarding specific treatments that want or do not want in the event of serious illness.

### **What Type of Advance Directive is Best for Me?**

This is not a simple question to answer. Each individual's situation and preferences are unique.

- ⇒ For many persons, the answer depends on their specific situation, or personal desires for their health care.
- ⇒ Sometimes the answer depends on the state in which you live. In some states, it is better to have one versus the other.
- ⇒ Many times you can have both, either as separate forms or as a single combined form.

### **What Do I Do If I Want An Advance Directive?**

- ⇒ First, consult with your physician's office or home care agency about where to get information specific for your state.
- ⇒ Once you have discussed the options available, consult with any family members or friends who may be involved in your medical care. This is extremely important if you have chosen a friend or family member as your "agent" in the Durable Power of Attorney.
- ⇒ Be sure to follow all requirements in your state for your signature, witness signature, notarization (if required), and filing.
- ⇒ You should provide copies of your Advance Directive(s) to people you trust, such as close family members, friends and/or caregiver(s). The original document should be filed in a secure location known to those to whom you give copies.
- ⇒ Keep another copy in a secure location; if you have a lawyer, he or she will keep a copy as well.

### **How Does My Health Care Team Know I Have an Advance Directive?**

You must tell them. Many organizations and hospitals are required to ask you if you have one. Even so, it is a good idea to tell your physicians and nurses that you have an Advance Directive, and where the document can be found.

## ADVANCE DIRECTIVES - MAKING DECISIONS ABOUT YOUR HEALTH CARE

Many client/patients keep a small card in their wallet that states the type of Advance Directive they have, where a copy of the document(s) is located, and a contact person, such as your Durable Power of Attorney “agent,” and how to contact them.

### **What If I Change My Mind?**

You can change your mind about any part of your Advance Directive, or even about having an Advance Directive, at any time.

If you would like to cancel or make changes to the document(s), it is very important that you follow the same signature, dating, and witness procedure as the first time, and that you make sure all original versions are deleted or discarded, and that all health care providers, your caregiver(s), your family and friends have a revised copy.

### **What If I Don't Want An Advance Directive?**

You are not required by law to have one. Many home care companies are required to provide you with this basic information, but what you choose to do with it is entirely up to you.

### **For More Information...**

This pamphlet has been designed to provide you with basic information. It is not a substitute for consultation with an experienced lawyer or knowledgeable social worker. These persons, or your home care agency, can best answer more detailed questions, and help guide you towards the best Advance Directive for you.

## COMMUNITY RESOURCE INFORMATION

Medicare 1-800-MEDICARE

American Lung Association 1-800-LUNGUSA

American Sleep Apnea Assoc. 202-293-3650

Restless Leg Syndrome 877-463-6757

## HELPFUL LINKS

[www.A.P.N.E.A.NET](http://www.A.P.N.E.A.NET)

[www.sleepapnea.org](http://www.sleepapnea.org) - American Sleep Apnea Association

[www.Sleepnet.com](http://www.Sleepnet.com)

[www.sleepfoundation.org](http://www.sleepfoundation.org) - The National Sleep Foundation

National Foundation for Sleep and Related Disorders in Children (NFSRDC)

[www.rls.org](http://www.rls.org) - The Restless Legs Syndrome Foundation

[www.cloud9.net](http://www.cloud9.net) - The Sleep Medicine Home Page

## NOTICE TO MEDICARE BENEFICIARIES

Medicare Capped Rental and Inexpensive or Routinely Purchased Items Notification for Items Provided on or after January 1, 2006 and Additional Notices for Capped Rental Items Furnished on or after January 1, 2007

I received instructions and understand that Medicare defines the equipment that I received as being either a capped rental or an inexpensive or routinely purchased item.

### FOR CAPPED RENTAL ITEMS:

- For items furnished on or after January 1, 2006, payment is made based on a monthly rental fee schedule amount during the period of medical need, but for no longer than a period of continuous use of 13 months.
- The supplier must transfer title to the item to the beneficiary on the first day that begins after the 13th continuous month in which payments are made.
- After ownership of the equipment is transferred to the Medicare beneficiary, it is the beneficiary's responsibility to arrange for any required equipment service or repair.
- The supplier that furnishes an item for the first month during which payment is made using the monthly rental fee schedule must continue to furnish the equipment until medical necessity ends, or the 13-month period of continuous use ends, whichever is earlier, unless:
  - The item becomes subject to a competitive acquisition program;
  - The beneficiary relocates to an area that is outside the normal service area of the supplier that initially furnished the equipment;
  - The beneficiary elects to obtain the equipment from a different supplier prior to the expiration of the 13-month rental period; or
  - CMS or the carrier determines that an exception should apply in an individual case based on the circumstances.
- A capped rental item may not be replaced by the supplier prior to the expiration of the 13-month rental period unless:
  - The supplier replaces an item with the same, or equivalent, make and model of equipment because the item initially furnished was lost, stolen, irreparably damaged, is being repaired, or no longer functions;
  - A physician orders different equipment for the beneficiary. If the need for different equipment is based on medical necessity, then the order must indicate why the equipment initially furnished is no longer medically necessary and the supplier must retain this order in the beneficiary's medical record;
  - The beneficiary chooses to obtain a newer technology item or upgraded item and signs an advanced beneficiary notice (ABN); or
  - CMS or the carrier determines that a change in equipment is warranted.
- Before furnishing a capped rental item, the supplier must disclose to the beneficiary its intentions regarding whether it will accept assignment of all monthly rental claims for the duration of the rented period. A supplier's intentions could be expressed in the form of a written agreement between the supplier and the beneficiary.
- No later than two months before the date on which the supplier must transfer title to a capped rental item to the beneficiary, the supplier must disclose to the beneficiary whether it can maintain and service the item after the beneficiary acquires title to it. CMS or its carriers may make exceptions to this requirement on a case-by-case basis.
- Examples of this type of equipment include: Continuous positive airway pressure (CPAP) devices and or Bi-Level devices

### FOR INEXPENSIVE OR ROUTINELY PURCHASED ITEMS:

- Equipment in this category can be purchased or rented; however, the total amount paid for monthly rentals cannot exceed the fee schedule purchase amount.
- Examples of this type of equipment include: Replacement continuous positive airway pressure (CPAP) / Bi-Level supplies such as mask interface, cushions, headgear, tubing, humidity chambers, and or filters.

## EQUIPMENT WARRANTY INFORMATION

Every product sold or rented by Nocturna Sleep Therapy, LP carries a 1-year or more manufacturers' warranty. Our company will notify Medicare beneficiaries of the warranty coverage, and we will honor all warranties expressed and implied under applicable State law.

Nocturna Sleep Therapy will repair or replace, free of charge, Medicare-covered equipment that is under warranty. In addition, an owner's manual with warranty information will be provided to beneficiaries for all durable medical equipment where this manual is available.

**Graymark** Healthcare Company

Toll-Free 24 hours

1-877-817-5337

[www.NocturnaSleepCenters.com](http://www.NocturnaSleepCenters.com)