# IDAHO SPECIAL RATE REQUEST FORM - SKILLED NURSING FACILITY

| To: Central Office Bureau of Long-Term Care  | Date Request Sent:   |
|--|--|
| Patient Name:  | Medicaid ID #:   |
| DOB:   |  |
| Facility:  | Provider #:  |
| provides authority for the Department to pay facilities an amount in addition services and when the cost of providing for those additional needs is not ad Section 56-102, Idaho Code. This special rate add-on amount for such special routing of this chapter and is excluded from the computation of payment. The Department determines to approve a special rate on a patient-by-patient | sement rate for a patient plus an add-on amount. Section 56-117, Idaho Code, to the daily rate when a patient has needs that are beyond the scope of facility dequately reflected in the rates calculated pursuant to the principles found in cialized care is in addition to any payments made in accordance with other ts or rates under other provisions of Section 56-102, Idaho Code, and these rule nt basis. No rate will be allowed if reimbursement for these needs is available dentified condition that will continue for a period greater than thirty (30) days. |
| A) Type of Special Rate Requested  | ☐ Renewal/Extension ☐ Discontinue  |
| <ul> <li>1. Special Care Unit</li> <li>2. Equipment or Non-Therapy Supplies Not Adequ</li> <li>3. Ventilator Dependent Resident or Resident Rec</li> <li>4. One-to-One Care</li> </ul>   |  |
|  | trate needs beyond the scope of facility services (i.e.,<br>Behavioral Plan, Behavior Monitoring Logs, Interdisciplinan  |
| <ul> <li>2. Equipment and Non-Therapy Supplies:  Purchase</li> <li>Attach vendor invoice with HCPCS code</li> <li>Provide description of equipment/non-therapy s</li> <li>addressed in content of care (IDAPA 16.03.10.2</li> </ul>  | supplies and documentation to support request not  |
| 3. Ventilator or Tracheostomy  Documentation to support additional direct care Unlicensed: # of Hours License Equipment and/or Supplies – provide detail described.  | staff required to meet the exceptional resident's needs ed ( RN LPN): # of Hours cription and invoice including HCPCs codes  |
|  | ne exceptional needs of the resident (i.e., PASRR, current Behavior Monitoring Logs, Interdisciplinary Team notes, tric Notes, etc)  |
| C) Time period for special rate request:   | Start Date: End Date:  |
| A special rate request must be based on an identified conditi  | ion that will continue for a period greater than thirty (30) days.   |
| Please Fax completed form to: Division of Medicaio   | d, Bureau of Long-Term Care 1- 877-483-0279.   |
| Signature Facility Representative:   | Date:  |
| Printed Facility Representative's Name:  |  |

# Idaho Special Rate Request Form – Skilled Nursing Facility Completion Instructions

- Special Rate requests must be submitted to the Central Office Bureau of Long-Term Care on the current Idaho Special Rate request Form Skilled Nursing Facility (revised March 2011).
- In order to process the request, all of the following fields must be complete: Date Request Sent, Patient Name, Medicaid ID #, Facility Name, Provider #, Signature, Date, Printed Name and Phone.
- Submit special rate requests promptly to prevent denial due to untimely submission. Special rate requests are only approved the date received by the Central Office Bureau of Long-Term Care.

## **SECTION A: Type of Special Rate Requested**

- Indicate whether the special rate is an initial, renewal/extension or discontinue request.
- Check the type of special rate requested.

## **SECTION B: Reason for Request and Documentation**

Check the reason for the request and complete other applicable section(s) to support the request.

#### **SECTION C:**

- The "Start" and "End" dates must be filled in.
- A special rate request must be based on an identified condition that will continue for a period greater than thirty (30) days.
- Requests received without the required documentation will be returned.

# **Special Care Unit:**

- Invoices are not required with these requests. Costs will be calculated by the Reimbursement Unit.
- A request can be made for special care unit *or* one-to-one care *not both.*

# Equipment and Non-Therapy Supplies:

- Equipment and non-therapy supplies not addressed in IDAPA 16.03.10.225 or adequately addressed in the current RUG system, as determined by the Department, are reimbursed in accordance with IDAPA 16.03.09.755 Durable Medical Equipment: Provider Reimbursement as an add-on amount.
- Attach invoice with HCPCs codes.
- If the requested item is a purchase and approved, the facility is reimbursed over a 10-month period. Purchase arrangements must be made between the facility and the vendor. Product service agreements cannot be included in the special rate request.

# Ventilator and Tracheostomy Care:

• In the case of ventilator dependent and tracheostomy residents, a two (2) step approach is taken to establish an addon amount. The first step is the calculation of a staffing add-on for the cost, if any, of additional direct care staff
required to meet the exceptional needs of these residents that are higher than the amount indicated on the resident's
most recent RUG score. The add-on is calculated following the provisions in Subsection 270.06.d. of these rules,
adjusted for the appropriate skill level of care staff. The second step is the calculation of an add-on for equipment and
non-therapy supplies following the provision in Subsection 270.06.b of these rules. The combined amount of these
two (2) components is considered the special add-on amount to the facility's rate for approved residents receiving this
care.

#### One-to-One Care:

- Indicate the number of hours requested. The hourly add-on rate is equal to the current WAHR CNA wage rate plus a benefits allowance based on annual cost report data, then weighted to remove the CNA Minimum daily staffing time.
- A request can be made for special care unit *or* one-to-one care *not both.*

- Facilities must submit a new Idaho Nursing Facility Special Rate Request Form and appropriate documentation to extend or reduce an existing special rate. If the patient expires, is discharged or no longer requires the special rate item, please complete form with the revised end date.
- If you have any questions or need assistance in completing a request, please contact Central Office Bureau of Long-Term Care Alternative Care Coordinator at (208) 287-1156.