

DPHHS Senior and Long-Term Care Division (SLTC)

Medicaid Nursing Facility Add-on Strategy and Fee Schedule

Pursuant to Administrative Rule of Montana (ARM) 37.40.330 (2), Medicaid nursing facilities are eligible for increased reimbursement to assist with safe, effective, and appropriate service delivery to at-risk populations residing in long-term care facilities. The Senior and Long-Term Care Division requires a prior authorization process to occur prior to the Department’s authorization of eligible add-on funding. Facility-Based Services program staff and/or SLTC leadership will evaluate the request as documented by the requesting provider to determine that:

- The request is medically necessary and relates specifically to the resident’s diagnosis and documented plan of care
- The request will provide a direct medical or remedial benefit to the resident adhering to health and safety standards and clinical best-practices

Submission

Important: State provided email is not encrypted and does not meet HIPAA requirements as a secure means of transmitting Protected Health Information (PHI). Email users are required to use other means of transmission when communicating PHI.

A secure method must be used to transmit PHI, including ePass, fax, mail, hand delivery, or verbal telephone conversations. A free Montana ePass account can be set up by any user at: <https://transfer.mt.gov/Home/Login>

For Information or Technical Assistance, Please Contact:

<p>Submit in-state add-on requests to:</p> <p>Jenifer Thompson <i>Nursing Facility Claims Specialist- SLTCD</i> P. (406) 444-3997 jenifer.thompson@mt.gov</p>	<p>Submit out of state add-on requests to:</p> <p>Dee Burnham <i>Nursing Facility Program Officer- SLTCD</i> P. (406) 444-4129 dee.burnham@mt.gov</p>	<p>Derik Sapp <i>SLTCD Facility-Based Services Section Supervisor</i> P. (406) 454-6080 derik.sapp@mt.gov</p>
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Otherwise, submit the Add-on Rate Request and all necessary supporting documentation through **ePass or fax (406) 444-7743** to the appropriate recipient identified above.

**DPHHS Senior and Long-Term Care Division (SLTC)
Medicaid Nursing Facility Add-on Rate Request Form**

Requesting Facility Information	
Initial Request <input type="checkbox"/>	Reevaluation <input type="checkbox"/>
Date of Request:	Contact 1:
Facility Name:	Phone:
Address:	E-mail:
City:	
State:	Contact 2:
Zip:	Phone:
NPI:	E-mail:

Resident Demographic Detail		
Resident Name:	Male <input type="checkbox"/>	DOB:
Medicaid ID#:	Female <input type="checkbox"/>	SSN#:

Documentation checklist to be submitted with this add-on request		
	Select	<i>Comments:</i>
Face/Demographic Sheet	<input type="checkbox"/>	
Current Medication and Treatment Orders	<input type="checkbox"/>	
Applicable Progress Notes	<input type="checkbox"/>	
Behavior Charting/Log	<input type="checkbox"/>	
Most Recent History and Physical	<input type="checkbox"/>	
Care Plan	<input type="checkbox"/>	
Misc. Supporting Documentation	<input type="checkbox"/>	

Brief Narrative and Justification:

Medicaid Nursing Facility Add-on Fee Schedule Selection

Initial Request: Reevaluation/Extension Request: Date of Previous Approval:

<i>Diagnosis or Problem</i>	<i>Example</i>	<i>Rate</i>	<i>Select Category</i>
Bariatric Care	<i>n/a</i>	\$2.05 per day (350-600 lbs.)	<input type="checkbox"/>
	<i>n/a</i>	\$5.49 per day (600+ lbs.)	<input type="checkbox"/>
Traumatic Brain Injury (TBI)	<i>verbal and/or physical aggression, impulsiveness, self-harm, diminished safety awareness</i>	\$75.00 per day	<input type="checkbox"/>
Adverse Behavior Management	<i>verbal and/or physical aggression, impulsiveness, self-harm, diminished safety awareness, elopement risk (no secure unit or wander-guard system)</i>	\$75.00 per day	<input type="checkbox"/>
	<i>inappropriate sexual behaviors</i>	\$80.00 per day	<input type="checkbox"/>
	<i>danger to self and/or others requiring care planned 1:1 staffing, supervision, and support</i>	\$100.00 per day	<input type="checkbox"/>
Wound Care	<i>therapeutic intervention, frequent dressing changes, wound vac care and maintenance, pain management, pressure reduction, infection control</i>	\$20.00 per day <i>payment for supplies that are separately billable must be pursued through other sources of available benefit coverage</i>	<input type="checkbox"/>
Department Initiated	<i>Unique/Complicated Cases e.g., Ventilator, Tracheostomy</i>	Contact the Department	<input type="checkbox"/>

Important: Examples provided are for introductory and/or evaluation purposes only; therefore, exceptions will be evaluated in collaboration with the requestor and applied on a case-by-case basis and/or in the event of emergency situations.

Current Medicaid Daily Rate	
Current Out-of-State Per Diem Rate	
Total Add-on Daily Rate Requested	
Total Daily Rate Requested	

<https://medicaidprovider.mt.gov/26>