

**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 for extreme cases that are 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.
- The request is for residents who need care that is "above and beyond" the normal standard of nursing facility care.

### 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 OKTA, mail, hand delivery, or verbal telephone conversations. A free Montana OKTA account can be set up by any user at:

<https://transfer.mt.gov/Home/Login>

### For Information or Technical Assistance, Please Contact:

<p>Submit <b>in-state</b> add-on requests to:</p> <p><b>Jenifer Thompson</b>  <i>Nursing Facility  Claims Specialist- SLTCD</i>  P. (406) 444-3997  <a href="mailto:jenifer.thompson@mt.gov">jenifer.thompson@mt.gov</a></p>	<p>Submit <b>out of state</b> add-on requests to:</p> <p><b>Dee Burnham</b>  <i>Nursing Facility  Program Officer- SLTCD</i>  P. (406) 444-4129  <a href="mailto:dee.burnham@mt.gov">dee.burnham@mt.gov</a></p>	<p><b>Derik Sapp</b>  <i>SLTCD Facility-Based  Services Section Supervisor</i>  P. (406) 454-6080  <a href="mailto:derik.sapp@mt.gov">derik.sapp@mt.gov</a></p>
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Otherwise, submit the Add-on Rate Request and all necessary supporting documentation through **OKTA** to the appropriate recipient email 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"/>
<b>Date of Request:</b>	<b>Contact 1:</b>
<b>Facility Name:</b>	<b>Phone:</b>
<b>Address:</b>	<b>E-mail:</b>
<b>City:</b>	
<b>State:</b>	<b>Contact 2:</b>
<b>Zip:</b>	<b>Phone:</b>
<b>NPI:</b>	<b>E-mail:</b>

**Resident Demographic Detail**

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

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

**Important: Per HIPAA, it is not advisable that providers submit more medical records than requested for review. Only the minimum standard (3-6 months) requested for disclosing relevant information to this request is required.**

<b>Brief Narrative and Justification:</b>
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## Medicaid Nursing Facility Add-on Fee Schedule Selection

Initial Request: <input type="checkbox"/>	Reevaluation/Extension Request: <input type="checkbox"/>	Date of Previous Approval:	
Diagnosis or Problem	Example	Rate <small>*Must choose <u>only one</u> charge</small>	Select Category
<b>Bariatric Care</b>	<i>n/a</i>	<b>\$2.05 per day</b> (350-600 lbs.)	<input type="checkbox"/>
	<i>n/a</i>	<b>\$5.49 per day</b> (600+ lbs.)	<input type="checkbox"/>
<b>Traumatic Brain Injury (TBI)</b> <small>*Must have diagnosis AND behavior present</small>	<i>verbal and/or physical aggression, impulsiveness, self-harm, diminished safety awareness</i>	<b>\$75.00 per day</b>	<input type="checkbox"/>
<b>Adverse Behavior Management</b> <small>*Cannot be combined with TBI column. Only ONE behavior is allowed.</small>	<i>verbal and/or physical aggression, impulsiveness, self-harm, diminished safety awareness, elopement risk (no secure unit or wander-guard system)</i>	<b>\$75.00 per day</b>	<input type="checkbox"/>
	<i>inappropriate sexual behaviors</i>	<b>\$80.00 per day</b>	<input type="checkbox"/>
	<i>danger to self and/or others requiring care planned 1:1 staffing, supervision, and support</i>	<b>\$100.00 per day</b>	<input type="checkbox"/>
<b>Wound Care</b>	<i>therapeutic intervention, frequent dressing changes, wound vac care and maintenance, pain management, pressure reduction, infection control</i>	<b>\$20.00 per day</b> <i>payment for supplies that are separately billable must be pursued through other sources of available benefit coverage</i>	<input type="checkbox"/>
<b>Department Initiated</b>	<i>Unique/Complicated Cases e.g., Ventilator, Tracheostomy</i>	<b>Contact the Department</b>	<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.**

<b>Current Medicaid Daily Rate</b>	
<b>Current Out-of-State Per Diem Rate</b>	
<b>Total Add-on Daily Rate Requested</b>	
<b>Total Daily Rate Requested</b>	

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