Nursing Facility Add-On Training

When and How to Request Add-ons

Add on Fees

- As of July 1, 2020, ARM 37.40.307 was updated to allow add-on fees for:

1. Bariatric Care
2. Traumatic Brain Injuries (TBI)
3. Behaviors
4. Wound Care

- -Let's go over in detail when these fees can be requested and how to fill in the Add-On/Rate Request form.

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

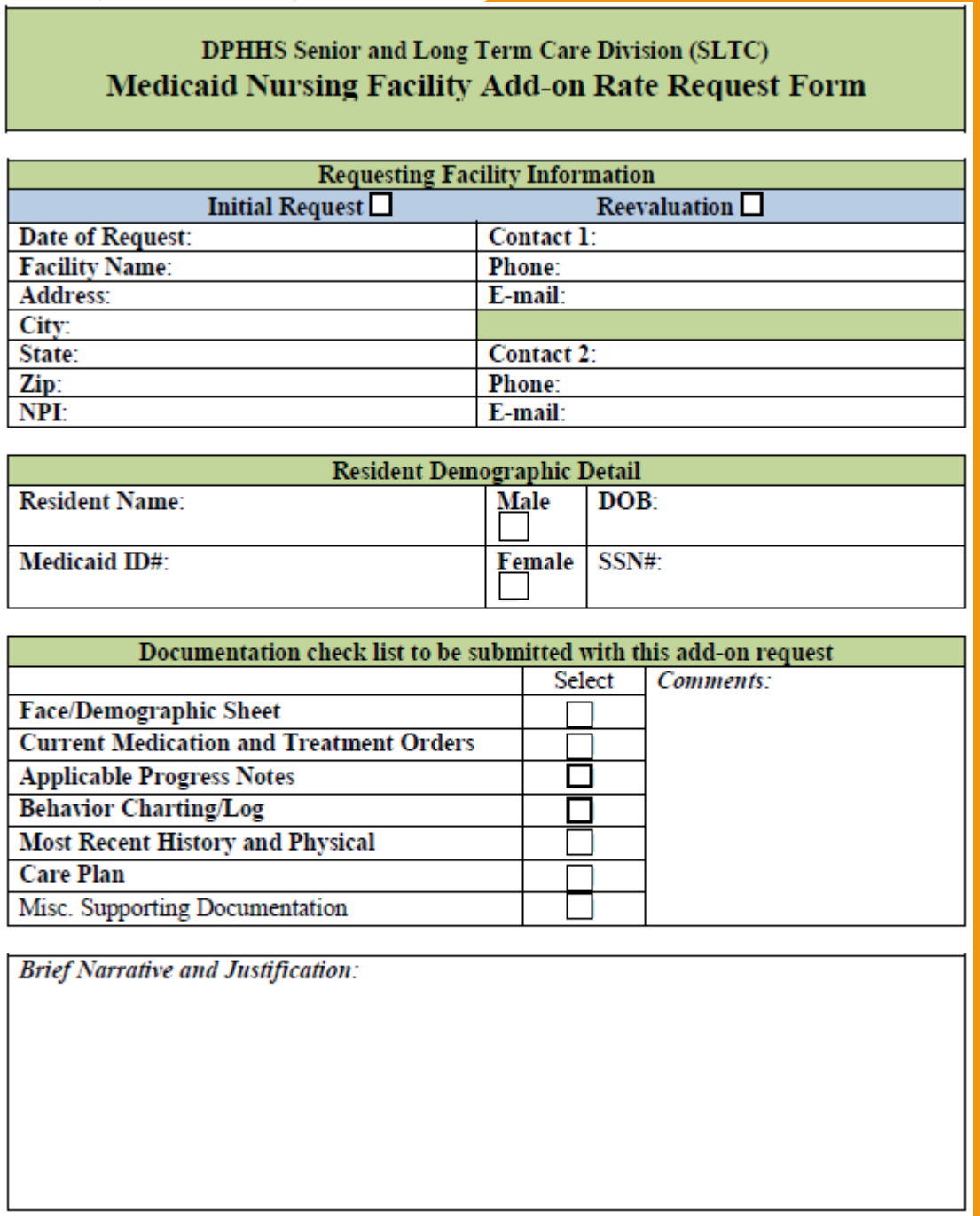
Add-On's Specific Criteria

- This Fee Schedule will help determine which Add-Ons you can request.
- Services must be **Prior Authorized** for a specific date range.
- Detailed, Itemized list for any add-ons not listed on the fee schedule.
- Medical Care Plan documentation support, with current plan and care dates in all columns, as well as a future goal and date of goal.

ADD ON REQUEST FORM

- First Page: straight forward.
  1. Fill in Name
  2. Medicaid ID
  3. Facility Name
  4. NPI
  5. Resident name and info
  6. Checklist for completion of info to submit

- Projected Time Period for each type of request: (case by case basis, and can be extended)
  1. Wound Care: 1-3 months
  2. Behavior: 6 months
  3. TBI (Brain Injury): 6 months
  4. Bariatric Care: 6 months
  5. Tracheostomy: 3 months
  6. Ventilator Care: 3 months



DPHHS Senior and Long Term Care Division (SLTC)

Medicaid Nursing Facility Add-on Rate Request Form

Requesting Facility Information	
Initial Request ☐	Reevaluation ☐
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 ☐	DOB:
Medicaid ID#:	Female ☐	SSN#:

Documentation check list to be submitted with this add-on request		
	Select	*Comments:*
Face/Demographic Sheet	☐	
Current Medication and Treatment Orders	☐	
Applicable Progress Notes	☐	
Behavior Charting/Log	☐	
Most Recent History and Physical	☐	
Care Plan	☐	
Misc. Supporting Documentation	☐	

Brief Narrative and Justification:

ADD ON REQUEST FORM

1. The Add-On Fee schedule is fillable to select the right Add-On pertaining to your request.
2. Make sure to fill out the daily rate totals below the form.
3. Please use one form per request. Some residents may have more than one request.
4. There are no facilities available for vent/trach in Montana at this time, but facilities are allowed to sign up to offer services if you are able. You must get certified.
5. Vent/Trach requests are only allowed up to 90 days for most requests before having to return to Montana. Special circumstances can dictate longer stays with approval from SLTC but must have prior approval before the 90 days have ended.

Medicaid Nursing Facility Add-on Fee Schedule Selection

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

Diagnosis or Problem	*Example*	*Rate*	*Select Category*
Bariatric Care	*n/a*	**$2.05 per day** (350-600 lbs.)	☐
	n/a	**$5.49 per day** (600+ lbs.)	☐
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	danger to self and/or others requiring care planned 1:1staffing, supervision, and support	**$100.00 per day**	☐
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Important: *Examples provided are for introductory and/or for 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

ADD ON REQUEST FORM: EXAMPLE "Plan of Care"

Focus	Goal	Interventions/Tasks	Position	Freq/Resolved
"Resident" has potential for altered skin integrity r/t limited movement and stage 3 pressure ulcers to the sacrum (pressure areas to sacrum and buttocks upon admission) Date Initiated: 08/20/2021 Revision on: 10/04/2021	"Resident" will have no new s/s of skin breakdown at all times through next 90day review Date Initiated: 08/20/2021 Revision on: 09/01/2021 Target Date: 11/19/2021	• Cushion to chairs when sitting in them. Waffle EHOB cushion. Date Initiated: 09/13/2021	CNA Nsg	
		• Dressing changes to sacrum as indicated by wound clinic Date Initiated: 09/01/2021 Revision on: 09/16/2021	Nsg	
		• Encourage good nutritional and oral fluid intake Date Initiated: 08/20/2021	CNA LPN RN Diet	
		• Inspect skin for pallor, redness, and breakdown. Areas to assess include skin in contact with wound drainage, and tape.	Nsg CNA	
		Monitor heels for mushy texture and float when present. Date Initiated: 08/20/2021 Revision on: 09/22/2021		
		• Monitor for s/s of infection eg; redness, warmth, swelling, drainage, odor or elevated temp of pressure areas and report to wound clinc. Date Initiated: 08/20/2021 Revision on: 08/24/2021	LPN RN	
		• Monitor skin per shower on weekly basis-per nurse and chart any noted problems. Monitor skin for changes with dressing and toileting for next 90 days. Date Initiated: 08/20/2021 Revision on: 08/24/2021	CNA Nsg	
		• Preventative care as follows: turn and/or reposition 3 to 4 times per shift and PRN, assess positioning in bed and wheelchair, air mattress to bed, apply lotion for comfort and skin integrity, thorough peri care after each episode of incontinence, dietary consult as needed Date Initiated: 08/20/2021 Revision on: 08/24/2021	LPN CNA RN Diet	
		• Waffle cushion in chair and wheelchair Date Initiated: 09/10/2021		

D.O.B.		Physician			
Facility					
Resident		Admission Date		Location	

Name	Signature	Date	Name	Signature	Date

ADD ON REQUEST APPROVAL/DENIAL LETTERS

1. When approved for Add-On Fees, your approval letter will come with instructions on how to bill.
2. The example to the right is a page that will accompany your approval letter and tells you what code to bill, what authorization number you must use on your claim and for how long the authorization is good for.
3. You MUST send in another request form with new medical info before your authorization is up if you wish to continue with your Add-On.
4. Authorizations cannot be backdated.
5. Denial letters will be sent if there is missing information that is not received by the due date, as well as if your Add-On does not meet the qualifications.

DPHHS Senior and Long Term Care Division (SLTC)
Approval Determination of Add-on Request

The Department Concurs	☐	**Date:**

The continuation of Add-on Prior Authorizations will require a reevaluation process to occur prior to the date(s) indicated below.

Providers who wish to extend resident add-on authorizations, please submit a reevaluation request following the process outlined within the Medicaid Nursing Facility Add-on Rate Request Form.

Reevaluation Required	**3 Months**	**6 Months**	**Reevaluation Due** *SLTCD & Provider Tracking*
Bariatric Care		X	Due:
Traumatic Brain Injury (TBI)		X	Due:
Adverse Behavior Management		X	Due:
Wound Care	X		Due:
Tracheostomy Care		X	Due:
Ventilator Care		X	Due:
Complicated Case Staffing Support	X		Due:

Prior Authorization Communication

Resident Name:			**Facility:**
Medicaid ID#			**PID#:**
Service	*Daily Rate*	*Claim Type*	*Claim Instructions*
Add-On	$	CMS 1500	*Prior Authorization #:*
Effective Date:			*End Date:*
Provider ID#:			*State Medicaid Rate:*
Add-on Procedure Code: A9999			*Claims/Billing Form:* MA3

This Authorization is not a determination of Montana Medicaid eligibility.

Department Signature	**Date:**

CC. Barb Smith, Administrator
Jill Sark, Bureau Chief
Derik Sapp, SLTC Facility-Based Services Section Lead
Dee Burnham, Nursing Facility Program Officer


when
who
where
what
why
how
QUESTIONS
?

PRIOR AUTHORIZATION!

What does this mean for facility requests?

AUTHORIZATIONS

- All Add-On requests require prior authorization.
  - ✓ Protects Medicaid
  - ✓ Protects Facility
- If Add-Ons are approved, an approval letter with a prior auth number is sent to the facility.
- Auth number needs to be used when billing for the services requested for the dates requested.
- A new auth number will be given for all extensions that may be granted.
- Please note: for current residents who develop behavior problems or severe wounds, Add-Ons can be requested, but approvals will not be backdated.

- Prior to resident's arrival date, or prior to expected date of billing for Add-Ons, the Add-On Rate Request Form and applicable records needs to be sent to Jenifer Thompson at: Jenifer.Thompson@mt.gov.
- EPass is a secure email you can send your request and documents. Secure email is the fastest and most accurate way to get all medical documents to us. It's a simple set up.
- All documents required to process your application need to be included with the request face sheet. We will contact you if we need any more information, or the information is needing any corrections.
- Ensure that a Level Of Care (LOC) is submitted to Mountain Pacific Quality Health (MPQH) for eligibility determination to be made first.
- Nursing Home Spans are required for all Swing Bed and Nursing home facilities and need to be in place before any Add-Ons can be billed/paid.
- Please make sure to note if resident has any Medicare days on the level of care. Medicaid is a payor of last resort, and if they have any info that the resident has Medicare, Medicare will have to be billed first before you can bill Medicaid for any Add-Ons.
- If Medicare is exhausted, claims will be filed to Medicaid as normal.
- **APPROVAL OF ADD-ONS IS NOT AN APPROVAL OF MEDICAID ELIGIBILITY.**

Billing for Add-Ons

In order to expect payment, we must approve your application, and Medicaid must also approve your resident.

Takes from 3 days up to a week to review your application.

If resident is accepted into a facility before approval, and is denied, facility will not be paid for any provided services.

Add-On Charges need to be billed on a CMS 1500 form. (See example.) You will be allowed to bill after you get your prior auth letter and number.

All highlighted text must be filled out or claims will get denied.

Trach and Vent Requests

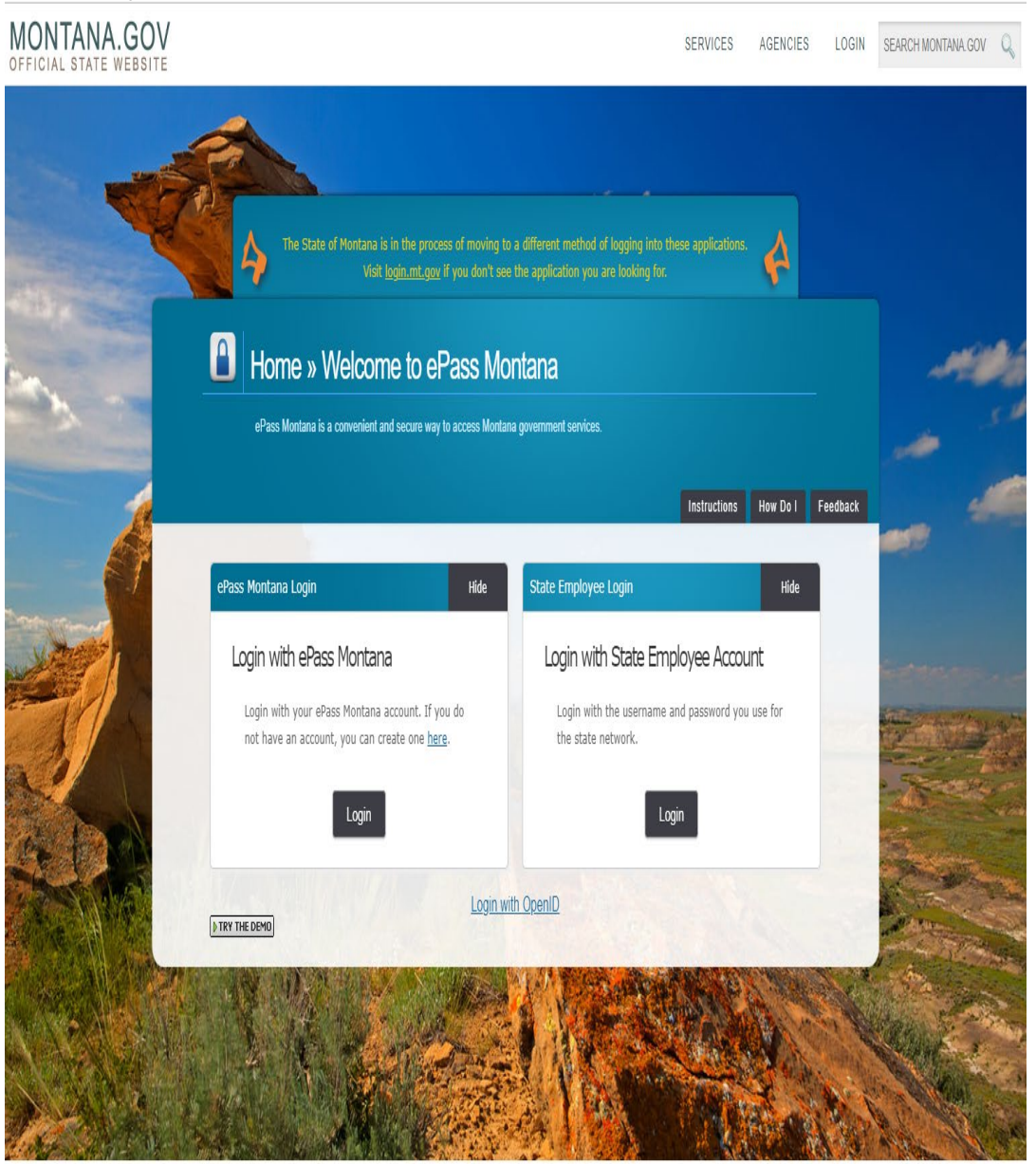
- If resident needs tracheostomy assistance, they will need to go out of state. There is no facility within Montana that is certified to take a trach patient.
- There is no longer a need for the facility to find 20 denials of other facilities to send the trach resident to an out of state facility for rehabilitation.
- Out of state placements are temporary. Usually 90 days. The resident needs to have plans to return to a facility or home after rehab, and it needs to be discussed and prior authorized before going out of state or before the 90 days are up.
- If resident IS in need of care for longer than 90 days, an extension can be requested, or they must apply for the out of state Medicare (or some other type of care) to continue to be eligible for their stay at the out of state facility.

Emailing Via E-Pass

Secure email set up. Better than a fax!

Setting up E-Pass

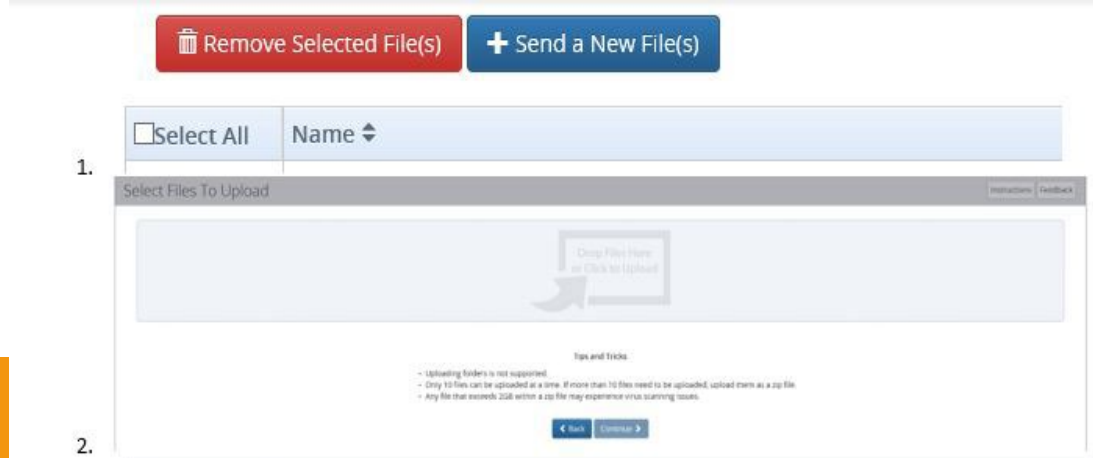
- Get on to the state website at: https://montana.gov/
- At the top right of the screen, click on "Login"
- The left box has a link under "here" to start a new account, click on "here"
- Fill out the form with your info and use an email for your facility that you can easily access.
- Once you have filled it out and can get into your account, OKTA is now the new "File Transfer Service" and you will have to sign in there.
  https://okta.loginmt.com/app/UserHome
- If you already have an Epass account, OKTA will have a "Login In Here" you can access to get into OKTA right from Epass.



Sending a Secure Document

- To email a recipient, you must click on the ITSD File Transfer Service Square on the bottom right.
- The next screen has an email type page, at the top you can "Send a new File".
- A new window will open with a drop box where you can upload your files to be sent. Click continue when finished.
- Choose the "state employee or ePass Montana Customer" button.
- Enter the email exactly as it is shown. If the email is incorrect, it will not go to the right recipient.
- Enter any message in the box to the right if you need to.

1.



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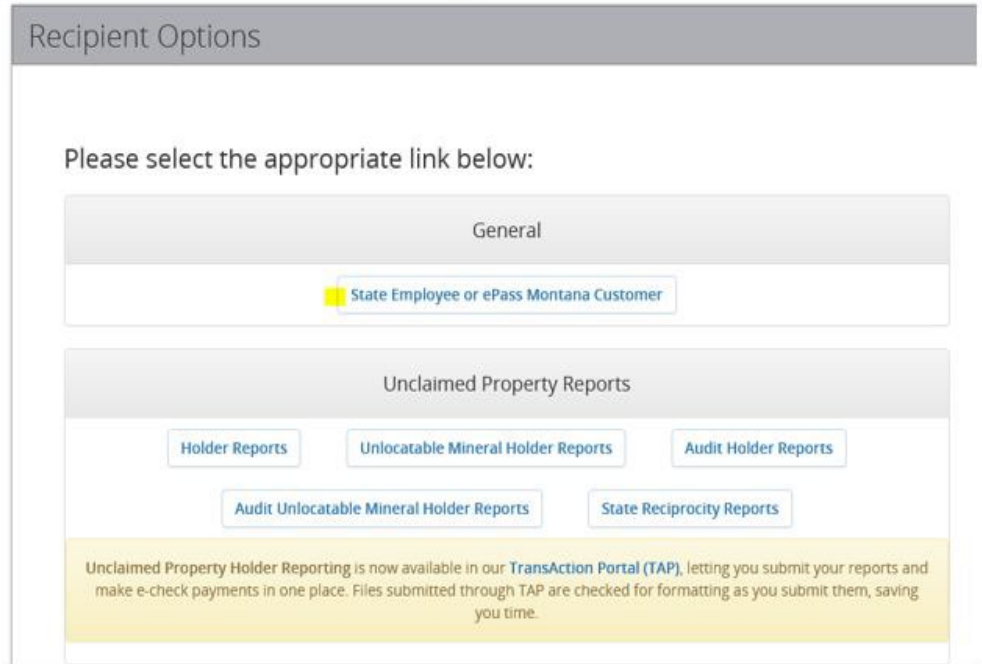

3.