



Nursing Facility Extraordinary Care Criteria

Prior approval (PA) is required for all EC clients.

Extraordinary Care clients services are covered when the below criteria is met, the services are individualized, specific, and consistent with symptoms or confirmed diagnosis, and not in excess of the recipient's needs. The client's cost and service requirements must clearly exceed supplies and services covered under a facility's per diem rate. The cost of the client's extraordinary care shall not be included in the annual cost reports

Medical conditions considered under extraordinary care criteria

Recipients who have an MDS Activities of Daily Living Sum score of ten (10) or more and require special care or clinically complex care as recognized under the Medicare RUG III classification system for those conditions which have been prior authorized by the Department.

Medical conditions considered under extraordinary care criteria:

1. Ventilator Dependence allows for **automatic qualification** without additional criteria being met.
2. Tracheostomy requiring routine care that cannot be performed by the client because the submitted records provide documentation of cognitive or physical impairment that limits self-care of the tracheostomy with the potential to result in tracheostomy and related complications.
3. Morbid Obesity (ICD 10 E66.01) documented BMI and extreme limitation in mobility as documented by recent PT/OT or MD evaluation of ambulation, ROM and deficiencies in ability to independently perform basic hygiene and other ADLs. Other limitations not addressed in these guidelines but documented by a medical professional will be considered.
4. Psychiatric care for clients with significant behaviors that cannot otherwise be safely cared for in a standard nursing facility setting without increased staffing or special accommodations. This includes clients with significant physical aggression, delirium and/or psychosis. **Please see next section for additional information on psychiatric condition requirements.*
5. Other conditions where special care or clinically complex care is required will be evaluated on a case-by-case basis.

Enhanced psychiatric conditions considered under extraordinary care criteria

Adult recipients presenting with a severe and persistent mental illness (SPMI) with long term psychiatric and behavioral health needs who exhibit challenging and difficult behaviors that is beyond traditional skilled nursing home care as recognized and prior authorized by the Department.

Specific Criteria (must meet all):

1. The recipient has an SPMI as defined by the following:
 - a. The individual has a major mental disorder diagnosable under the Diagnostic and Statistical Manual of Mental Disorders.



- b. Prior to admission (admission to hospital stabilization or nursing home), the Global Assessment of Functioning (GAF) score is 40 or lower.
2. The level of impairment is confirmed by a level II Pre-Admission Screening and Resident Review (PASRR) evaluation (42 CFR 483.128)

Note: Refer to, <https://www.wyomingmedicaid.com/portal/Provider-Manuals-and-Bulletins/Institutional-UBManual-and-Bulletins> for additional information on the PASRR screening process.

3. The person is currently in a psychiatric hospital; or has had one or more past hospitalizations; or is exhibiting behaviors that place him or her at risk of psychiatric hospitalization.
4. The recipient exhibits chronic, unsafe behaviors that cannot be managed under traditional nursing facility care, including one of the following:
 - a. Combative and assaulting behaviors (physical abuse toward staff, or self-abuse/ self-injurious behaviors)
 - b. Sexually inappropriate behaviors (touching or grabbing others, for example)
 - c. Other challenging and difficult behaviors related to the individual's psychiatric illness

Continued Eligibility Criteria

Continued stay is applicable when the client either:

1. Exhibits unsafe behavior according to Enhanced Psychiatric Condition #4 , or
2. Exhibits the unsafe behaviors if moved from the enhanced services available in the nursing facility, as evidence by exploratory visits without enhancements.

Continued Stay Review

Continued utilization review will be due at 15 days, 30 days, 90 days and yearly thereafter. Or as needed if medical or psychiatric evaluation shows difference or change in services. This schedule may be adjusted by the reviewer as needed.

- Completed Continued Stay Skilled Nursing Extraordinary Care form including clinical justification for continued stay documentation. Form can be found at <https://wymedicaid.telligen.com/>.

Cost Review

- Annual client rate review will be done in conjunction with July 1st rate effective date reviews.
- If client has a change in services needed, provider can submit new cost information for consideration of rate adjustment. Notify Myers & Stauffer of change for modification to reimbursement. 1-800-336-7721.
- Please include all costs for residents under extraordinary care negotiated rate; as incremental revenue of negotiated rate is offset against applicable cost report.



Discharge from EC Criteria

Discharge from EC criteria is contingent upon:

1. The consistent absence of unsafe behaviors (as outlined in *Specific Criteria* above) within consistently structured enhanced care **and**;
2. The anticipation that the individual will not exhibit the unsafe behaviors if moved from the enhanced services available in the nursing facility, as evidence by exploratory visits without enhancements.

Note: *These criteria must be closely observed and monitored during a continuous period of at least three months (quarterly).*

Additional determining criteria for discharge include the following:

- a. Monitoring of medication stability/consistency
- b. Treatment compliance
- c. Appropriate living arrangements upon discharge
- d. Arrangement of aftercare for continued services

Required Request Documentation

1. Completed Admission Certification Skilled Nursing Extraordinary Care form including clinical justification documentation. Form can be found at <https://wymedicaid.telligen.com/>.
2. Completed Rate Request Form. (Part of Admission Certification Skilled Nursing Extraordinary Care Form)
3. If the request is for behavioral health extraordinary care clients the documentation must include the following information:
 - a. A treatment plan that specifies both medical and behavioral strategy.
 - b. A stabilization plan to include both internal policies and plans for community based supports and if necessary transfer opportunities.
 - c. External resources, agreements, working partnerships for inpatient stabilization (if behavior escalates to a point where for their safety or those of the other patients or staff), with a written agreement to return client to resident location upon stabilization and recommendation plan in place.
 - d. List of primary care and psychiatric doctors.
 - e. Packet must include clinical justification and financial request as with any other extraordinary care client.