Nursing Facility Extraordinary Care Criteria

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

Extraordinary Care 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 member's needs. The member's cost and service requirements must clearly exceed supplies and services covered under a facility's per diem rate. The cost of the member's extraordinary care shall not be included in the annual cost reports.

Medical conditions considered under extraordinary care criteria

Members who have an MDS Activities of Daily Living Sum score of ten (10) or less and require special care or clinically complex care as recognized under the Medicare PDPM 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 member 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 members with significant behaviors that cannot otherwise be safely cared for in a standard nursing facility setting without increased staffing or special accommodations. This includes members 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 members 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.

2. The level of impairment is confirmed by a level II Pre-Admission Screening and Resident Review (PASRR) evaluation (42 CFR 483.128)

3. Documented psychiatric provider and recent notes indicating medications and type of treatments which have been tried to decrease incidents.

4. 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.

5. The member 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 member 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 30 days, 60 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

- If member has a change in services needed, provider can submit new cost information for consideration of rate adjustment.

- Please include all costs for members under extraordinary care negotiated rate; as incremental revenue of negotiated rate is offset against applicable cost report.

Required Request Documentation

1. Completed Admission Certification Skilled Nursing Extraordinary Care or Continued Stay form including clinical justification documentation. Form can be found at https://wymedicaid.telligen.com/.
2. MDS Assessment
3. PASRR Level I & II
4. Health & Physical within the last year
5. Medication history
6. Practitioner progress notes and orders, must include recommendation for ECC and expected level of need
7. Care plan & any additional progress notes
8. If the request is for behavioral health extraordinary care members 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 member to resident location upon stabilization and recommendation plan in place.
    d. List of primary care and psychiatric doctors.
    e. Packet must include clinical justification.

    Note: If ECC is being requested for dementia, Alzheimer or psychiatric disorders, staff are required to have additional training when working with members.