Wyoming Department of Health

Telligen®

Continued Stay Form

SKILLED NURSING EXTRAORDINARY CARE

Extraordinary Recipients: 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.

Required Documentation:	1) *Updated PASRR Level & II (if completed)* 2) Updated Medication list	3) *Updated Practitioner notes* 4) *Updated Progress Notes*
Refer to ECC criteria for additional documentation needed for psychiatric/behavioral health referrals.		

Date Requested:	

Member Information	**Facility Information**
Name:	Name:
Sex: ☐ Female ☐ Male	Facility NPI:
Medicaid ID:	Address:
Address:	Phone #:
DOB:	Facility Contact:
SSN#:	Phone #:

Attending Practitioner		
Attending/referring practitioner (first and last name):		
Wyoming Medicaid NPI #:	Phone #:	
Additional Providers (including any mental health providers for psychiatric referrals)		
Name:	Phone #:	Type of Practitioner:
Name:	Phone #:	Type of Practitioner:
Name:	Phone #:	Type of Practitioner:

ICD-10-CM code(s) (provide ALL code numbers as well as diagnosis names)			
1.		4.	
2.		5.	
3.		6.	

HCPCS code(s) (provide ALL code numbers as well as diagnosis names)			
1.		4.	
2.		5.	
3.		6.	

Per Wyoming Medicaid Rules, Chapter 7, Section 22 (a), the negotiated rate is determined to cover the cost of medically necessary services and supplies that are not included in the Nursing Facility per diem rate.

Ventilator Dependent? ☐ Yes $461.94 extra for ventilator care

Ventilator Care: Includes supplies, equipment and staffing time required to assist with ventilator care

Additional Staffing

Staff Time (list number of 1:1 hours)

	Rate per hour	# of hours	Total
RN:	$42.78		
LPN:	$29.42		
CNA:	$19.16		

Additional Staffing – Please indicate what the additional staffing will be performing that is not included in the NH per diem

Equipment and supplies listed below must not be included in the per diem or billable to Wyoming Medicaid.

Equipment (list type and cost/day) if not included in the per diem rate

Medical Supplies (list items and cost per day) not included in per diem rate

Sub-total Negotiated Rate	
Current Nursing Facility Per Diem Rate	
Net Extraordinary Care Rate	

Request must be submitted into the Telligen system at wymedicaid.telligen.com accompanied by all required documentation.

If member no longer needs extraordinary care, regular per diem rate should be billed. If fewer staffing hours are needed, a new request should be submitted to Telligen.

Note: Prior authorization DOES NOT guarantee payment or client eligibility

Updated 09.23.26