

**CONTINUED STAY  
SKILLED NURSING EXTRAORDINARY CARE**

*Extraordinary Recipients: 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.*

**Note: Certification DOES NOT guarantee payment or client eligibility**

Date requested \_\_\_\_\_  
 Admission date \_\_\_\_\_  
 Hospital \_\_\_\_\_  
 Hospital Medicaid ID# \_\_\_\_\_  
 Hospital UR Rep \_\_\_\_\_  
 Phone # \_\_\_\_\_  
 Fax # \_\_\_\_\_

| For APS Healthcare Use Only |                          |
|-----------------------------|--------------------------|
| Date received               | _____                    |
| Approved                    | _____ Approved YTD _____ |
| Denied                      | _____                    |
| Certified Through           | _____                    |
| Reviewed By                 | _____                    |
| Auth#                       | _____                    |

**The facility has agreed to share the status of authorization with the member.**

**PATIENT INFORMATION**

Name \_\_\_\_\_ Medicaid ID # \_\_\_\_\_

**Please include current:** 1) MDS assessment    2) Progress notes    3) Nursing Care Plan    4) MD orders

**Ventilator Dependent?** Y / N

**New ICD-9-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. _____ |

**Fax form to APS Healthcare toll-free @ 1- 888- 245-1928**

**Forms can be found on-line at [www.wyoming.apshealthcare.com](http://www.wyoming.apshealthcare.com)**

# WYOMING NURSING FACILITY EXTRAORDINARY CARE RATE REQUEST FORM

Patient Name: \_\_\_\_\_  
 Medicaid ID #: \_\_\_\_\_  
 Facility: \_\_\_\_\_  
 Projected Time Period: \_\_\_\_\_

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

**REQUESTED NEGOTIATED RATE:**

| <u>Services under Fee Schedule:</u>   | Negotiated<br>Rate per Day |
|---|----------------------------|
| Ventilator Care <span style="float: right;">Check box if applies: <input type="checkbox"/> \$ 435.00</span> | \$ -                       |
| <b>Additional Staffing:</b>   |                            |
| Staff Time (list number of 1-1 hours required per day that is above standard care)                          |                            |
| RN _____  | \$ 27.28                   |
| LPN _____   | \$ 18.76                   |
| CNA _____   | \$ 12.22                   |

Additional Services required (Invoices must accompany request to be considered):

Equipment (list type and cost/day):  
 \_\_\_\_\_ \$ -  
 \_\_\_\_\_ \$ -

Medical Supplies (list items and cost/day):  
 \_\_\_\_\_ \$ -  
 \_\_\_\_\_ \$ -

Wound Care (list item):

|                            |                                    |      |
|----------------------------|------------------------------------|------|
| Wound VAC rental           | Cost/day = _____                   | \$ - |
| Wound VAC Supplies:        |                                    |      |
| Dressing Kits <sup>1</sup> | Cost for 15 Kits = _____ / 30      | \$ - |
| Canisters <sup>2</sup>     | Cost for 10 canisters = _____ / 30 | \$ - |
| Other (specify) _____      | Cost/day = _____                   | \$ - |
| Other (specify) _____      | Cost/day = _____                   | \$ - |

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

<sup>1</sup> Maximum coverage of 15 Kits per month.  
<sup>2</sup> Maximum coverage of 10 Canisters per month.