

- 11 The Department may allow an add-on payment for the in-state care of recipients needing extraordinary care. This payment is designed to recognize and compensate providers for patients who require an inordinate amount of resources due to the intensive labor involved in their care that is not captured in the normal case mix reimbursement methodology. Such an add-on payment requires prior authorization. The individual requiring extraordinary care must be a South Dakota Medicaid recipient and must meet nursing facility level of care as defined in ARSD 67 45:01

Extraordinary care recipients are:

- a. Chronic Ventilator Dependand Individuals—Individuals who are ventilator dependant due to major complex medical disease or other accidents.
- b. Chronic Wound Care Recipients—Individuals who need therapeutic dressings/treatments/equipment that are designed to actively manipulate the sound healing process.
- c. Behaviorally Challenging Individuals—Individuals who meet the following criteria:
 1. Have a history of regular/recurrent, persistent disruptive behavior which is not easily altered. Behaviors which require increased resource use from nursing facility staff must exist, and
 2. Have an organic or psychiatric disorder of thought, mood, perception, orientation or memory which significantly affects behavior and is interfering with care and placement.

Individuals receiving specialized rehabilitation services are excluded from this rate.

- d. Traumatic Brain or Spinal Cord Injured—Individuals who have had an injury to the skull, brain, or spinal cord. The injury may produce a diminished or altered state of consciousness resulting in impairment in cognitive abilities or physical functioning, as well as behavioral and/or emotional functioning. The individual must have completed an acute rehabilitation program in another facility and must be continuing the rehabilitation plan.
- e. Individuals requiring total parenteral nutritional therapy—Individuals who meet the following criteria:
 1. Have an internal body organ or body function such as severe pathology of the alimentary tract which does not allow absorption of sufficient nutrients to maintain weight and strength commensurate with the individual's general condition.
 2. Have a physician's order or prescription for the therapy and medical documentation describing the diagnosis and the medical necessity for the therapy
 3. The therapy is the only means the individual has to receive nutrition.

TN #12-11
Supersedes
TN #10-1

OCT 23 2012
Approval Date _____

Effective Date 7/04/12

- f. Individuals with multiple chronic complex medical conditions requiring specialized equipment and/or increased staff resources—Individuals who meet the following criteria:
1. Require increased resources of nursing facility staff.
 2. Have physician-documented diagnoses of multiple complex medical conditions to document the co-morbidities.
 3. Require specialized, non-standard equipment or services that would not be encompassed by Routine Services addressed in Part 1 Section B of this attachment.

Medicaid reimbursement for services provided to an extraordinary recipient in state shall be the per diem rate (case mix rate) plus a negotiated rate to cover the additional cost of medically necessary services and supplies associated with the treatment of extraordinary recipients to encompass but not exceed the total cost of care for the individual.

- a. The Department will negotiate with providers on a case-by-case basis to determine the negotiated rate and the billing procedures for extraordinary recipients.
- b. Prior to such negotiations, the provider shall submit:
 1. A treatment plan including a physician's order documenting the medical necessity of the treatment, and
 2. A proposed reimbursement rate, including all relevant financial records for services provided to an extraordinary recipient as requested by the Department.
- c. The Department may request, and the provider shall furnish before a negotiated rate is established, additional information to document the medical necessity for services and equipment provided to an extraordinary recipient.
- d. The negotiated rate is the rate agreed upon by the provider and the Department for medically necessary services and equipment.
- e. The Department shall reevaluate the condition of an extraordinary recipient after the first thirty days and at least every ninety days thereafter. The facility must obtain reauthorization monthly for chronic wound care. Reauthorization is at the discretion of Department staff. The Department may require the provider to submit any appropriate medical and other documentation to support a request for reauthorization. The renegotiated rate shall reflect any changes in the recipient's condition.
- f. Providers must notify the Department of significant changes in an individual's condition. A new rate may be negotiated when this change occurs.

TN #12-11
Supersedes
TN #08-8

Approval Date OCT 23 2012 Effective Date 7/04/12