



DEPARTMENT OF HUMAN SERVICES

Division of Long Term Services & Supports

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PHONE: 605-773-3656 or

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Resident's Name:

Resident's SD Medicaid Number:

Provider Name:

Provider's SD Medicaid Number:

Provider Contact Name & Phone Number for Clinical Information:

Please specify:

Initial Add-Pay Request (Complete section A.)

Add-Pay Renewal (Skip to section B.)

A. Challenging Behavior Add-Pay Request

The purpose of the Add-Pay program is to provide nursing homes additional reimbursement for SD Medicaid eligible residents that meet Nursing Facility Care Classification (ARSD 67:45:01:03) and require extraordinary cares for services not otherwise covered under the routine Medicaid case mix reimbursement methodology. The Add-Pay team reserves the right to determine what services will be covered based upon Routine Services (ARSD 67:16:04:41).

Challenging Behavior Add-Pay Criteria are defined below:

- Individual must be approved for Long Term Care Medicaid,
- Individual must meet the criteria for Nursing Facility Level of Care,
- Individual must have an organic or psychiatric disorder of thought, mood, perception, orientation, memory, or social history (criminal background), which significantly affects behavior and is interfering with care and placement,
- Individual has recurrent, persistent, disruptive behaviors which are not easily altered,
- Individual has behaviors which require increased staff time spent redirecting, and
- Individual has behaviors that interfere with cares.

There are two pathways for Challenging Behavior Add-Pay reimbursement. The first option is a flat rate to help off-set the cost of a room without a roommate due to challenging behaviors. Behaviors could include physical and/or verbal aggression towards a roommate or other residents, or behaviors that would infringe upon the rights of a roommate. The second option is reimbursement for increased staff time spent redirecting challenging behaviors. The rate for reimbursement for increased staff time is calculated quarterly or as requested, using a seven-day time study completed by the nursing facility and sent via secure email to [Krista and Michelle](mailto:Krista.and.Michelle) (Excel format).

Please check which Challenging Behavior Add-Pay option(s) you are requesting:

Reimbursement to help off-set the cost of a single room due to challenging behaviors,

Reimbursement for increased staff time spent redirecting challenging behaviors (time study required quarterly with renewals, or as requested).



time-study-template.x
lsx



Updated Time Study
Template Instructions

For each initial Challenging Behavior Add-Pay request, please submit a *complete packet* including the required documentation listed below to [Krista and Michelle](#) via secure email. The subject line of the secure email must include the facility name and type of Add-Pay. For example, *ABC Nursing Home/Add-Pay Initial Request*.

- Challenging Behavior Add-Pay Request/Renewal Form,
- Most recent history and physical,
- Most recent physician progress note,
- Mental health notes,
- Time study is required with the initial request or within 10 calendar days of submitting the initial request (if requesting reimbursement for increased staff time spent redirecting challenging behaviors),
- Progress notes or flow sheets from the past quarter that support challenging behaviors (please use sort function when printing documentation and send only behavior related notes to limit the number of pages sent), and
- Copy of complete care plan that includes an intervention of: *Request Challenging Behavior Add-Pay to help off-set the cost of a room without a roommate, and/or Request Challenging Behavior Add-Pay to help compensate for increased time staff spends redirecting challenging behaviors with goal target dates reaching through the next quarter (e.g., MDS coverage period)*. This is an important piece of documentation to support the need for Add-Pay over the next quarter.

After submitting the initial request and required documentation to [Krista and Michelle](#) via secure email, the Add-Pay team will review the information and be in contact with the nursing facility regarding a determination.

B. Challenging Behavior Add-Pay Renewal

Challenging Behavior Add-Pay renewals mirror a resident's MDS coverage period. The dates on the Add-Pay authorization forms can help nursing facility staff keep track of when renewal documentation is due. If nursing facility staff get in the habit of sending Add-Pay renewal information with each new MDS, it will help keep the nursing facility's Add-Pay authorizations flowing smoothly for billing purposes. It is the responsibility of nursing facility to track when their Add-Pay residents are due for renewal documentation to be submitted. **Renewal documentation must be received within 30 calendar days of the resident's last authorization expiration date, or the resident's Add-Pay will expire. The nursing facility will be required to submit an initial request to resume Add-Pay.** If at any time a nursing facility no longer desires Add-Pay for a resident, please let [Krista and Michelle](#) know so the resident can be removed from the Add-Pay program.

Please make sure to notify [Krista and Michelle](#) if an Add-Pay resident ever ends up being hospitalized, goes on a Medicare A/Medicare Advantage skilled stay, or is admitted to Hospice, as Add-Pay cannot cover in these situations and authorizations must be updated accordingly.

Challenging Behavior Add-Pay renewal information must be submitted **quarterly** or with each new MDS. For Challenging Behavior Add-Pay renewals, please submit a *complete packet* including the required documentation listed below to [Krista and Michelle](#) via secure email. The subject line of the secure email must include the facility name with type of Add-Pay. For example, *ABC Nursing Home/Add-Pay Renewal*.

1. Challenging Behavior Add-Pay Request/Renewal Form,
2. Most recently signed physician consolidated orders,
3. Most recent physician dictation note,
4. Progress notes or flow sheets from the past quarter that support challenging behaviors (please use sort function when printing documentation and send only behavior related notes to limit the number of pages sent),
5. Time study (if requesting reimbursement for increased staff time spent redirecting challenging behaviors). **Please plan accordingly so this is completed and included with the renewal packet.**
6. Copy of complete care plan that speaks to the behaviors that require a room without a roommate, AND/OR the need for increased staff time for re-direction of behaviors, with goal target dates reaching through the next quarter (e.g., MDS coverage period). This is an important piece of documentation to support the need for Add-Pay over the next quarter.

After submitting the renewal request and required documentation to [Krista and Michelle](#) via secure email, the Add-Pay team will review the information and be in contact with the nursing facility regarding a determination.