IDAHO SPECIAL RATE REQUEST FORM – SKILLED NURSING FACILITY

Please Fax completed form to: Division of Medicaid, Medical Care Unit 1- 877-314-8782

Patient Name: _____ Date Request Sent: _____
DOB: _____ Medicaid ID #: _____
Facility: _____ Provider #: _____

Per IDAPA 16.03.26.491, a special rate consists of a facility's daily reimbursement rate for a patient plus an add-on amount. Section 56-117, Idaho Code, provides authority for the Department to pay facilities an amount in addition to the daily rate when a patient has needs that are beyond the scope of facility services and when the cost of providing for those additional needs is not adequately reflected in the rates calculated. This special rate add-on amount for such specialized care is in addition to any payments made in accordance with other provisions of this chapter and is excluded from the computation of payments or rates under other provisions in these rules. The Department determines to approve a special rate on a patient-by-patient basis. No rate will be allowed if reimbursement for these needs is available from a non-Medicaid source. A special rate request must be based on an identified condition that will continue for a period greater than thirty (30) days.

☐ Initial ☐ Renewal/Extension ☐ Discontinue

Type and Reason for Request and Documentation Please attach documentation indicated with request.

☐ Equipment and Non-Therapy Supplies: ☐ Purchase ☐ Rental: Type and cost/day_____$_____
- ☐ Attach vendor invoice with HCPCS code
- ☐ Provide description of equipment/non-therapy supplies and documentation to support request not addressed in content of care (IDAPA 16.03.26.473)

☐ Ventilator or Tracheostomy
- ☐ Documentation to support additional direct care staff required to meet the exceptional resident's needs
- ☐ Unlicensed: # of Hours _____ ☐ Licensed (☐ RN ☐ LPN): # of Hours ____
- ☐ Equipment and/or Supplies – provide detail description and invoice including HCPCs codes

Time period for special rate request: _____ Start Date: _____End Date: _____

A special rate request must be based on an identified condition that will continue for a period greater than thirty (30) days.

Facility Representative Name: _____ Phone/Fax: _____

Signature Facility Representative: _____ Date: _____

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Idaho Special Rate Request Form – Skilled Nursing Facility
Completion Instructions

- Special Rate requests must be submitted to the Medical Care Unit on the current Idaho Special Rate request Form – Skilled Nursing Facility (revised August 2025).
- In order to process the request, **all of the following fields must be complete**: Date Request Sent, Patient Name, Medicaid ID #, Facility Name, Provider #, Signature, Date, Printed Name and Phone.
- Submit special rate requests promptly to prevent denial due to untimely submission. Special rate requests are only approved the date received by the Medical Care Unit.

Type of Special Rate Requested

- Indicate whether the special rate is an initial, renewal/extension or discontinue request.
- Check the type and reason of special rate requested.

Time period for special rate request

- The "Start" and "End" dates must be filled in.
- A special rate request must be based on an identified condition that will continue for a period greater than thirty (30) days.
- Requests received without the required documentation will be returned.

Equipment and Non-Therapy Supplies:

- Equipment and non-therapy supplies not addressed in IDAPA 16.03.26.473 or adequately addressed in the current RUG system, as determined by the Department, are reimbursed in accordance with IDAPA 16.03.26.275 Durable Medical Equipment: Provider Reimbursement as an add-on amount.
- Include the following documentation for Equipment and Non-Therapy Supplies requests:
    - Special Rate Request Form
    - Idaho Medicaid Seating and Mobility Evaluation, for wheelchair requests
    - Invoice with HCPCs codes
    - Care Plan for last 3 months indicating all other interventions implemented in place of specialized equipment
    - Chart notes supporting interventions implemented in last 3 months
    - Brief narrative of how interventions have failed to meet the needs of the individual
    - Physician's statement that participant is in stable condition
    - If requesting a power wheelchair, you must include a discharge plan and proposed date of discharge
- If the requested item is purchased and approved, the facility is reimbursed over a 10-month period. Purchase arrangements must be made between the facility and the vendor. Product service agreements cannot be included in the special rate request.
- Please note that for specialized wheelchairs, ancillary items such as transit systems, seat pouches, cup holders and unnecessary modifications for the functionality of the wheelchair will be at the expense of the facility or the participant.

Ventilator and Tracheostomy Care:

- In the case of residents who are ventilator dependent and who receive tracheostomy care, the special add-on amount to the facility's rate for approved residents receiving this care, is determined by combining the following two (2) components:
  (1) Calculation of a staffing add-on for the cost, if any, for additional direct care staff required in meeting the exceptional needs of these residents. The hourly add-on rate is equal to the current WAHR CNA wage rate plus a benefits allowance based on annual cost report data, then weighted to remove the CNA minimum daily staffing time adjusted for the appropriate skill level of care staff (IDAPA 16.03.26.491.06.c).
  (2) Calculation of an add-on for equipment and non-therapy supplies following the provisions in Subsection 491.06.b of this rule (IDAPA 16.03.26.491.c.ii)
- Attach invoice with HCPCs codes.

- Facilities must submit a new Idaho Nursing Facility Special Rate Request Form and appropriate documentation to extend or reduce an existing special rate. If the patient expires, is discharged or no longer requires the special rate item, please complete form with the revised end date.
- If you have any questions or need assistance in completing a request, please contact the Medical Care Unit at MedicalCareUnit@dhw.idaho.gov.

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