

## SNF SPECIALITY RATE REQUEST CHECK SHEET

MEMBER'S NAME:		AHCCCS ID:	
CASE MANAGER NAME:		TRIBAL ALTCS PROGRAM:	SELECT HEALTH PROGRAM
PHONE NUMBER:		FAX NUMBER:	

***The initial request MUST be made by the Tribal Case Manager. If a Provider makes a request, it will be pended and a notification will be sent to the case manager requesting.***

**Special Rate Request:**

- In Patient Dialysis (i.e.: Nephrology, Dialysis Treatment Notes)
- Ventilator (i.e.: Pulmonary, RT Notes/Charting)
- High Respiratory/Trach (i.e.: Pulmonary, RT Notes/Charting)
- Bariatric (i.e.: Progress Notes, Weight, BMI, supporting documents showing support needed)
- Memory Care (i.e.: Progress Notes, supporting documentation showing support needed)
- Wandering/Wandering Dementia (i.e.: Progress Notes, supporting documentation showing support needed)
- Behavioral Health (i.e.: Progress Notes, supporting documentation showing support needed)
- High Acuity (i.e.: Progress Notes, supporting documentation showing support needed)
- Sitter (i.e.: Rx for Sitter, Progress Notes, supporting documentation showing support needed)
- Other - insert below (i.e.: Case by case, Progress Notes, supporting documentation showing support needed)

**Documents Attached (initial request):**

- PA Request Form
- Face Sheet
- Admission Orders
- Clinical documentation to support Special Rate being requested
- Admit Packet for New/Initial admit to SNF
- Managed Risk Assessment, when applicable

**\*All supporting documentation must be within the last 30 days.**

**Documents Attached (ongoing request):**

- PA Request Form
- Face Sheet
- Physician Orders to support Special Rate being requested
- Managed Risk Assessment, when applicable

**\*All supporting documentation must be within the last 30 days.**

**NOTES:**

***Signatures acknowledge that both Tribal ALTCS Case Manager and Supervisor have reviewed and submitted the necessary documentation to proceed with SNF request.***

Case Manager Signature:	
Supervisor Signature:	