



Nursing Facility Bariatric Rate Authorization Request

I. Nursing Facility Information – To Be Completed by Nursing Facility Staff

Facility Name: _____ Provider No.: _____
Date of Request: _____ Requestor Name: _____
Requestor Phone: _____ Requestor Email: _____

II. Resident Information – To Be Completed by Nursing Facility Staff

Resident Name: _____ Medicaid Prime: _____
Date of Birth: _____
Date of Admission (if existing resident): _____

Submit Request via Email to APD/AAA Case Manager (CM) or Diversion/Transition (DT) staff.

III. DHS APD/AAA Required Actions – Prior to Central Office Submission

CM or DT: _____ Email: _____

By checking the boxes below, the CM/DT attests all required actions were taken. If a required action was not taken, the request may be returned for completion.

Confirmed consumer is not eligible for Medicare skilled care or Post Hospital Extended Care (through their CCO or under FFS).

Ensured Oregon ACCESS records reflect current service needs.

Confirmed consumer meets the definition of Bariatric as defined in OAR 411-070-0087.

Physician Diagnosis of Obesity with a BMI>40 and;

Two-person full assist with ambulation or transfers; and

Full assist in one of the following: cognition, eating or elimination.

Oregon ACCESS with NF9 benefit is in pending status (please note: the effective date may be adjusted by Central Office per OAR 411-070-0028)

Submit Request via Email to: APD.Admissions@dhsosha.state.or.us

IV. APD Central Office Review

APD Central Office will make the final determination on the individual's eligibility for this rate. which will be documented accordingly in Oregon ACCESS.

Date Received:

Determination:

Approved Effective Date:

Denied

Denial Reason:

Pending

Follow-up Action Required:

Reviewer Name:

Title:

Email: APD.Admissions@dhsoha.state.or.us

Date:

The decision will be returned to the Requestor's email address and the CM/DT staff.

If the nursing facility disagrees with the decision, the nursing facility may request an administrative review per OAR 411-070-0028(9) by sending the request to APD.Admissions@dhsoha.state.or.us within 30 days of receiving the decision.