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Process for Skilled Nursing Facility (SNF) Requests

This document has been created by Coordinated Care of Washington, Inc. to provide contact information and clarification of process to assist with timely decisions regarding transitions to Skilled Nursing Facilities and ongoing authorization requests.

Medicaid MCOs are responsible for coverage of skilled nursing facility stays that meet rehabilitative or skilled level of care for Medicaid only individuals. Please follow this process for making requests for Medicaid only individuals.

Points of Contact

Contact information:	Concerns about inpatient authorizations should be sent to WA_UM_CCR@CoordinatedCareHealth.com Concerns about discharge planning should be sent to *ComplexDischargePlanning@coordinatedcarehealth.com* Your email will be answered within 1 business day.
Transitional Care/Care Management Contact/Authorization assistance:	ComplexDischargePlanning@coordinatedcarehealth.com is monitored during business hours by Coordinated Care team of Complex Discharge Planners to assist with transitions to SNF, DME, and with authorization questions.

Initial Authorization Process

Prior to admission and an MCO paying for services, the provider must request authorization for the services. If the provider requires additional support to facilitate the admission, this should be communicated to the MCO with the authorization request.

Authorization Process

- Submit an Inpatient Skilled Nursing Facility (SNF) Prior Authorization request via
    - Coordinated Care Provider Web Portal or
    - Download Inpatient Prior Authorization (PA) form from www.coordinatedcarehealth.com.
        - *Under For Providers → Provider Resources → Manuals, Forms and Resources → Apple Health (Medicaid) Forms → select Prior Authorization/Referral Form -Inpatient*
- Complete the form
- If SNF is not contracted and Single Case Agreement (SCA) is needed, please indicate it on the form. Freehand text is okay (e.g., *Request for Single Case Agreement).
- Once the PA form is complete, along with **medical records**, fax the request to **877-212-6105.**

Once PA request has been received:

- Coordinated Care will review the SNF request using necessary documentation:
    - Medical records and progress notes, including physical examination

    - Physical, occupational, speech therapy evaluations, and records on response to therapy
    - A clear description of the current skilled nursing and therapy needs
    - Laboratory and imaging reports
    - Details of any specific needs related to risk/trauma/culture etc.
    - Other supporting medical documentation
- Once approved and authorized, Coordinated Care will send an approval letter.
    - The authorization will be placed on Hold status until notification from the SNF facility is received.

The Inpatient Utilization Management team (including Post Acute Review Nurses (PAC)) works seven(7) days a week including holidays (except Thanksgiving and Christmas) in order to complete authorization reviews.

The timeline for Prior Authorizations related to an inpatient acute discharge (i.e. DME, Supplies, Home Health, Post Acute Facility, etc.) is one (1) business day.

Coordinated Care Complex Discharge Planning (CDP) Team works Monday through Friday with the Hospital Discharge Planner to arrange and coordinate member discharges to their next level of care.

- CDP and PAC teams work with Hospital discharge planners to provide a Preadmission Approval
- Preadmission approval letter indicates
    - the skill level
    - approved stay timeline - up to four (4) weeks of care based on:
        - the clinical needs,
        - the treatment plan,
        - the psychosocial complexity of member.
- Coordinated Care team updates this preadmission based on Hospital medical records and provides accurate leveling notification when member needs change.

Hospital Discharge Planners will include this Coordinated Care Preadmission letter with the medical records they submit when referring the member for admission to post-acute facility.

With an up-to-date Pre Admission Approval completed, Coordinated Care asks facility to fax notification of admission to the Nursing Facility at **877-212-6105** or via email to **ComplexDischargePlanning@coordinatedcarehealth.com.**

Ongoing Authorization Process

Once notification of admission occurs, you receive a notification letter via fax from Coordinated Care indicating the date and time medical records are required for ongoing review of member's care.

- The length of time before next review is dependent on the member's treatment plan. It will be from seven (7) to twenty-eight (28) calendar days.
    - These records need to be faxed as requested to **877-212-6113**
- Coordinated Care will review the request for ongoing SNF care using necessary documentation:
    - Medical records and progress notes, including physical examination

    - Physical, occupational, speech therapy evaluations, and records on response to therapy (including number of minutes of treatments)
    - A clear description of the current skilled nursing and therapy needs
    - Laboratory and imaging reports
    - Details of any specific needs related to risk/trauma/culture etc.
    - Details of any discharge planning
    - Other supporting medical documentation
- Coordinated Care will fax notification letter with determination for ongoing care and date and time next medical records are needed for ongoing authorization of care.

For questions regarding this process or difficulty with faxes please email WA_UM_CCR@CoordinatedCareHealth.com

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Exceptional Rate Process

If an individual has exceptional care needs and the facility will require additional support for the admission, the following documentation and process applies.

Exceptional Rate Requests are handled by Coordinated Care through the use of either up-leveling the skilled care needed or utilizing a request to Health Care Authority to approve an "in lieu of" rate or payment for members placed outside of a nursing facility (such as Adult Family Home Placement).

- Please request either option via email to ComplexDischargePlanning@CoordinatedCareHealth.com
    - Include the best contact information to discuss reason for request
- A Coordinated Care Complex Discharge Planner will reach out within 1 business day to discuss your request.
- Please note that a Coordinated Care Complex Discharge Planner will discuss these options with facility discharge planning staff as part of a placement strategy based on the needs of members and the available options for discharge. If you are not contact by a CDP and need assistance, please request discharge planning assistance via:
    - Email: ComplexDischargePlanning@CoordinatedCareHealth.com

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Transitional Care

Coordinated Care is responsible to assist with the transition back to the community by helping ensure the individual is connected to community providers for physical and behavioral health if needed. Coordinated Care obtains necessary DME and assists with locating a community setting.

Coordinated Care Post-Acute Review Nurses and Complex Discharge Planners follow members staying in:

- Inpatient Acute,
- Inpatient Rehabilitation, and
- Skilled Nursing Facilities

In order to assist with member transition to safest, least restrictive environment, whether that is:

- Long Term Acute Care,

- Skilled Nursing,
- Inpatient Rehabilitation,
- Home with assistance,
- Assisted Living,
- Adult Family Home,
- Group Home, or
- Long Term Custodial care.

Authorization Process for requesting DME, Services, Home Health, and Supplies

- Submit a Prior Authorization request via
    - Coordinated Care Provider Web Portal or
    - Download Inpatient Prior Authorization (PA) form from www.coordinatedcarehealth.com
        - Under For Provider → Provider resources → Manuals, Forms and Resources → Apple Health(Medicaid) Forms → select Prior Authorization/Referral Form - Outpatient
- Complete the form
- Once the PA form is complete, along with medical records, fax the request to **877-212-6669.**

Once Prior Authorization request has been received:

- Coordinated Care Prior Authorization team will review the request using necessary documentation:
    - Medical records and progress notes, including physical examination
    - Physical, occupational, speech therapy evaluations, and records on response to therapy
    - A clear description of the current skilled nursing and therapy needs
    - Laboratory and imaging reports
    - Other supporting medical documentation
    - Number of units being requested
- Coordinated Care Prior Authorization team completes these determinations within one (1) business day when related to a discharge (i.e. DEM, Supplies, Home Health)

If there are questions, or assistance needed with discharge planning or transition, staff can access a Complex Discharge Planner by emailing **ComplexDischargePlanning@coordinatedcarehealth.com.** They provide assistance in planning and coordinated of member transitions.

Once Coordinated Care member returns to a home setting or custodial care, they receive outreach from Coordinated Care Transitional Care Unit.

- Appointments
- Transportation needs,
- Discharge Instructions, and
- Medication Lists

Are just a few of the things this team covers in a transitional assessment of Coordinated Care members and offer to take advantage of Care Coordination or Case Management services.