# Molina Healthcare of Washington
# Process for Skilled Nursing Facility (SNF) Requests

This document has been provided by Molina Healthcare of Washington (MHW) to provide contact information and clarification of process to assist with timely decisions regarding transitions to Skilled Nursing Facilities and ongoing authorization requests.

Medicaid Managed Care Organizations (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 for SNF/Hospital**<br>MHW has a responsibility to assist in authorizing of services, assist with transition planning and ensure timely responses to providers. You can use the following contacts to assist you. | |
|---|---|
| **Primary Service Authorization Contact** | Phone: (800) 869-7175<br>Fax: (800) 767-7188<br>Monday-Friday 7:30 a.m. to 5 p.m. plus after-hours voicemail |
| **Escalation Contact** | JoDee Risinger<br>Supervisor, Utilization Management<br>Phone: (425) 320-0650<br>Email: JoDee.Risinger@MolinaHealthcare.com<br><br>Laurie McCraney, RN, MBA<br>Director, Inpatient and Behavioral Health<br>Phone: (425) 405-5998<br>Email: Laurie.McCraney@MolinaHealthcare.com |
| **Clinical Review/**<br>**Exceptional Rate Contact** | Typically managed by nurse assigned to case - escalation as noted above. |
| **Transitional Care/**<br>**Care Management Contact** | Dorothy Sivanish, RN, BSN<br>Manager, Transitions of Care<br>Phone: (509) 992-6763 or (509) 418-4126<br>Email: Dorothy.Sivanish@MolinaHealthcare.com<br><br>Jackie Weber, RN<br>Supervisor, Transitions of Care<br>Phone: (509) 630-7405<br>Email: Jackie.Weber@Molinahealthcare.com |

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**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 for admitting clients to a SNF for initial services:

1. Access Pre-Service IPR, SNF, and LTAC Request Form
2. Complete form
3. The following supporting documentation is required for health plan review in order to justify the need(s) of the requested SNF admission (i.e., Diagnosis, Clinical summary, H&P, PT/OT/ST notes, MD notes/orders, Documentation supporting member's current need(s) for SNF admission).
4. Fax form and supporting documentation to fax number (800) 767-7188.
5. If the SNF is not contracted and a Single Case Agreement is needed, please indicate this on form.

PA request received:

6. Clinical staff will review the clinical submitted against medical necessity criteria.
7. Upon initial review, if approved, a total of 7-14 days for initial approval will be allotted.
8. The decision will be communicated via letter/fax and/or phone call.
9. Per WAC 284-43-2050, the decision turn-around time follows the expedited pre-service timeline and a decision will be made within 2 calendar days depending on whether additional information will be required and will complete initial review no later than 3 calendar days from submission.
10. Circumstances may necessitate a faster turnaround time to support such needs i.e., COVID-19 surge.

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## Ongoing Authorization Process

Ongoing authorization process for clients receiving services in a SNF when it may be necessary to extend the authorization.

1. Supporting documentation is required for review of ongoing need(s) in order to justify the ongoing SNF services request (i.e., Updated clinical summary, Updated PT/OT/ST notes, Updated MD notes/orders, Updated documentation supporting member's current need(s) for ongoing SNF level of care).
2. Please request additional days by submitting additional supporting clinical information, including plan for discharge, date and disposition to fax number (800) 767-7188. Please reference authorization number received on previous approvals on the cover sheet for ease in processing.
3. Upon ongoing review, if approved, typically a total of 7-14 days approval will be allotted.
4. We follow continued stay review processes and work to manage these requests within 1 business day or sooner.
5. The decision will be communicated via letter/fax and/or phone call.

## 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.

MHW will consider an exceptional rate when warranted based on the clinical presentation of the member, for example if a member has special bariatric needs, we apply carve-outs for Durable Medical Equipment (DME), or include additional costs in a Letter of Agreement for Non-Par Providers.

During initial submission please indicate exceptional care needs with a Single Case Agreement request. See initial submission above.

## Transitional Care

MHW 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 care if needed. MHW obtains necessary DME and assists with locating a community setting.

Please request assistance from Dorothy Sivanish noted above with post-acute transitions needs.