CHPW Process for Skilled Nursing Facility (SNF) Requests

This document has been provided by CHPW 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.

<table>
<thead>
<tr>
<th>Points of contact for SNF/Hospital</th>
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<tr>
<td><strong>CHPW has a responsibility to assist in authorizing of services, assist with transition planning and to ensure timeline responses to providers. You should use the following contacts to assist you</strong></td>
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<td>Primary Service authorization Contact</td>
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<td>Escalation Contact</td>
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<td>Clinical Review/Exceptional Rate Contact</td>
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<td>Transitional Care/Care Management Contact</td>
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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.

I. **Authorization Process** for SNF service before admission:
   a. Download Prior Authorization (PA) form from [www.chpw.org](http://www.chpw.org)
   b. Under Provider Center → Prior Authorization → Fax Prior Authorization and notifications forms, select Prior Authorization Request Form
   c. Complete the form
   d. 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*).
   e. Once the PA form is complete, along with medical records, fax the request to 206-652-7078.

II. Once PA request has been received:
   a. CHPW will review the SNF request using necessary documentation:
      i. Medical records and progress notes, including physical examination
      ii. Physical, occupational, speech therapy evaluations, and records on response to therapy
      iii. A clear description of the current skilled nursing and therapy needs
      iv. Laboratory and imaging reports
v. Details of any specific needs related to risk/trauma/culture etc.  
The authorization will be placed on Hold status until notification from 
SNF facility is received.
v. Other supporting medical documentation  
b. Once approved and authorized, CHPW will send an approval letter.  
c. Upon receiving notification that the member has been admitted to the SNF, CHPW 
will give initial approval of seven (7) days from the admission date.

III. CHPW has staff reviewing SNF requests seven (7) days a week.
IV. Timeliness of response is 24-48 hours upon receipt of the SNF request with supporting clinical 
documentation showing medical necessity.

### Ongoing Authorization Process

I. SNF authorization extension:
   a. Submit the most updated medical records for ongoing stay before the end date of the 
      authorization. Medical records should include:
      i. Most current medical information that shows members' progress who are 
         receiving therapy or skilled nursing needs (ex. therapy progress notes, wound 
         measurements, etc.).
      ii. And, if known, include the discharge plan, date, and disposition.
   b. Fax the current medical records to 206-652-7078.
   c. Once approved and extension is authorized, CHPW will fax an approval letter to the 
      SNF facility.

II. CHPW has staff reviewing SNF requests seven (7) days a week.
III. Timeliness of response is 24-48 hours upon receipt of ongoing SNF request and supporting 
     clinical documentation.

### 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.

It is best practice to indicate if a Single Case Agreement (SCA) is necessary on the prior authorization 
form if an exceptional rate request is known at the time of the initial request.

If a Single Case Agreement (SCA) was not initially indicated on the prior authorization form, skilled 
nursing facilities should request an SCA by contacting CHPW SCA Contracting at 
SCAcontractadministrator@chpw.org.

### Transitional Care

CHPW 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. 
CHPW obtains necessary DME and assists with locating a community setting.
In the process of SNF reviews, when CHPW identifies a need for any DME, home health, etc., or any needs to help the member get back to the community, CHPW will reach out to the facility to assist with requesting prior authorization for these requests. CHPW will assist with finding an adult family home placement if needed.

When a member discharges back to their home or the community, CHPW will contact the member within 72 business hours. CHPW will assist the member with any transitional care needs.

To request assistance coordinating the transfer to another setting, contact CHPW transitional coordinators at TOCRequests@CHPW.org. Timeliness of response is 24-48 hours upon receipt of request.