

<p style="text-align: center;">STATE OF ALASKA DEPARTMENT OF HEALTH & SOCIAL SERVICES SENIOR AND DISABILITIES SERVICES POLICY & PROCEDURE MANUAL</p>	SECTION: Nursing Facilities	NUMBER: 13 - 1	PAGE: 1 of 5
	SUBJECT: Nursing Facility Authorization		
	APPROVED: <i>DRAFT 8/8/16</i>		DATE:

Purpose

To delineate responsibilities for authorization of nursing facility admission and continuing placement.
To determine appropriate placement and services for nursing facility applicants and residents.

Policy

Senior and Disabilities Services (SDS) manages the process for authorizing nursing facility admission and continuation of nursing facility residency for recipients eligible for Medicaid. This process encompasses authorization of payment for post-hospital skilled nursing services in administrative wait beds and swing beds in acute care facilities. SDS provides technical assistance for the process, including assistance with Preadmission Screening and Resident Review (PASRR) program.

The authorization process ensures that applicants for admission to, and residents of, nursing facilities are placed appropriately and receive all necessary services while in residence. Prior to an authorization decision SDS verifies that the recipient requires a nursing facility level of care and that the nursing facility has the capacity to provide necessary services for that recipient.

The PASRR regulations require SDS to determine whether a recipient has a diagnosis of, or indicators of suspected serious mental illness, or intellectual disabilities or related condition before a recipient is admitted to a nursing facility. Every individual is screened for those diagnoses using the PASRR Level I screening form. Because nursing facility admission cannot be authorized until a Level I screening has occurred, the parties involved in the process ensure that required forms are complete and are forwarded for review, along with all required documentation. Incomplete forms and documentation cause authorization decisions to be delayed until missing information is received by SDS.

Based on the PASRR Level I screening form information, a recipient with a diagnosis of, or indicators of suspected, serious mental illness, or intellectual disability or related conditions, is referred for a PASRR Level II evaluation to confirm a diagnosis and to obtain recommendations regarding appropriate placement and services. When a diagnosis is confirmed by the Level II evaluation, SDS ensures, in collaboration with the nursing facility, that the recipient receives specialized services for that diagnosis, in addition to nursing facility services.

As a result of the process, the recipient may be authorized or denied admission or continuing placement, or may be referred for community services.

Authority

7 AAC 140.500 - 140.595 Nursing facility services: ICF and SNF
42 CFR 483.100 - 483.138 Preadmission screening and annual review

Definitions

“Applicant” means an individual who is requesting admission to a nursing facility.

“Administrative wait bed” means a bed in an acute care facility that has approval to provide post-hospital skilled nursing services for Medicaid recipients.

STATE OF ALASKA DEPARTMENT OF HEALTH & SOCIAL SERVICES SENIOR AND DISABILITIES SERVICES POLICY & PROCEDURE MANUAL	SECTION: Nursing Facilities	NUMBER: 13 - 1	PAGE: 2 of 5
	SUBJECT: Nursing Facility Authorization		
	APPROVED: <i>DRAFT</i>		DATE:

“Interfacility transfer” means the relocation of a resident from one nursing facility to another, with or without an intervening hospital stay, 42 CFR 483.106 (b)(4).

“Level of care” means the services needed by a recipient meet the level provided by either a skilled nursing facility or an intermediated care facility.

“Recipient” means an individual who is authorized to receive Medicaid-covered services, 7 AAC 160.900 (69).

“Resident” means an individual who receives services in a nursing facility.

“Resident review” means a functional assessment of a nursing facility resident performed by a nursing facility.

“Retroactive request” means a request for Medicaid payment for services provided to an individual before that individual was determined to be eligible for Medicaid.

“Significant change” means a decline or improvement in a resident’s status that 1) will not be resolved without intervention, or is not self-limiting; 2) impacts more than one area of the resident’s health status; and 3) requires interdisciplinary review and possibly, revision of the care plan.

“Swing bed” means a bed in an acute care facility that has approval to provide post-hospital skilled nursing services for Medicare beneficiaries and Medicaid recipients, 42 CFR 409.114 (b).

Responsibilities

- A. The **attending physician or delegated staff** is responsible for completing
 1. the PASSR Level I screening form for applicants seeking admission from non-acute care settings; and
 2. for Medicaid recipients only, the long term care authorization request.
- B. The **acute care facility** is responsible for
 1. confirming bed availability in a nursing facility;
 2. completing and submitting an authorization request for initial admission to a nursing facility, and for payment of services for utilization of swing beds or administrative wait beds;
 3. completing, and submitting to SDS, a PASSR Level I screening form for every applicant for initial admission;
 4. providing required documents; and
 5. notifying SDS within 24 hours of an applicant’s discharge from the acute care facility if the applicant is to be admitted to a nursing facility other than the one authorized.
- C. The **nursing facility** is responsible for
 1. determining whether it has the capacity to meet the needs of an applicant or recipient;
 2. completing and submitting the authorization request for residents who are Medicaid recipients;
 3. completing and submitting the PASRR Level I screening form when a resident experiences a significant change;
 4. providing required document; and
 5. notifying SDS, if an applicant is not admitted after placement was authorized..

STATE OF ALASKA DEPARTMENT OF HEALTH & SOCIAL SERVICES SENIOR AND DISABILITIES SERVICES POLICY & PROCEDURE MANUAL	SECTION: Nursing Facilities	NUMBER: 13 - 1	PAGE: 3 of 5
	SUBJECT: Nursing Facility Authorization		
	APPROVED: <i>DRAFT</i>		DATE:

- D. The **SDS long term care authorization staff** is responsible for
1. reviewing the complete authorization request, PASRR information, and other documents submitted;
 2. determining whether the applicant or recipient
 - a. needs a nursing facility level of care; and
 - b. should be referred for a PASRR Level II evaluation;
 3. notifying the nursing facility of a PASRR Level II referral, and providing the findings and recommendations to the nursing facility; and
 4. notifying the nursing facility of the authorization decision.

Procedures

A. Initial admission

1. For an applicant, to be admitted from a non-acute setting, the attending physician or delegated staff
 - a. contacts the nursing facility to confirm bed availability;
 - b. completes and submits the PASRR Level I screening form to SDS; and
 - c. in addition, for Medicaid recipients only, completes and submits an authorization request, indicating “New Admission” to SDS.
2. For an applicant hospitalized in an acute care facility, the hospital discharge staff
 - a. contacts the nursing facility to confirm bed availability;
 - b. completes and submits the PASRR Level I screening form to SDS;
 - c. in addition, for Medicaid recipients only, completes and submits an authorization request, indicating “New Admission” to SDS; and
 - d. notifies SDS within 24 hours of an applicant’s discharge from the acute care facility if the applicant is to be admitted to a nursing facility other than the one authorized.
3. The nursing facility
 - a. determines whether it has the capacity to meet the needs of the applicant, and confirms bed availability;
 - b. admits the applicant in accordance with its admission process; and
 - c. if the applicant is not admitted to the nursing facility that has authorization for admission, notifies SDS within 24 hours of the applicant’s discharge from the acute care facility that the applicant has not been admitted.
4. The SDS long term care authorization staff
 - a. reviews the complete application and other materials submitted to determine whether the applicant needs a nursing facility level of care;
 - b. reviews the PASRR Level I screening form
 - i. to determine whether the applicant has a diagnosis of, or indicators of suspected, serious mental illness, or intellectual disability or a related condition; and
 - ii. if a diagnosis or indicators are found, refers the applicant for a PASRR Level II evaluation, and pends the admission decision until the Level II report is received, or if no such diagnosis or indicators appear, makes an authorization decision; and
 - c. notifies the nursing facility of the authorization decision.

STATE OF ALASKA DEPARTMENT OF HEALTH & SOCIAL SERVICES SENIOR AND DISABILITIES SERVICES POLICY & PROCEDURE MANUAL	SECTION: Nursing Facilities	NUMBER: 13 - 1	PAGE: 4 of 5
	SUBJECT: Nursing Facility Authorization		
	APPROVED: <i>DRAFT</i>		DATE:

B. Reauthorization of placement

1. The nursing facility submits the long term care authorization request, indicating “Continued Placement” (reauthorization).
2. If the nursing facility has noticed a significant change in the resident,
 - a. indicates “Significant change” and whether that change is an improvement or decline in the recipient’s condition or a new diagnosis;
 - b. submits
 - i. an authorization request form with current physician signature;
 - ii. a completed PASRR Level I screening form with current information; and
 - iii. an updated history and physical.
3. The SDS long term care authorization staff
 - a. reviews the complete request form and other materials submitted to determine whether the recipient continues to need a nursing facility level of care, and notifies the nursing facility of the authorization decision; and
 - b. if the request form indicates “significant change”,
 - i. determines whether the resident should be referred for a PASRR Level II evaluation; and
 - ii. notifies the nursing facility and resident of the referral, and pends the authorization decision until the Level II evaluation report is received.

C. Interfacility transfer.

1. The nursing facility submits the long term care authorization request, indicating “Interfacility Transfer”.
2. The SDS long term care authorization staff
 - a. review the complete request form and other materials submitted;
 - b. determine whether the proposed nursing facility has the capacity to provide all the services needed by the recipient; and
 - c. notify the nursing facility of the authorization decision.

D. Resident review

1. The nursing facility, following a resident assessment, determines whether
 - a. a recipient has experienced a change that might impact the treatment of a resident with a diagnosis of mental illness or intellectual disability or related condition;
 - b. whether the change is of such significance the recipient’s need for services for either diagnosis should be reevaluated; and
 - c. if reevaluation is recommended, submits the long term care authorization request, indicating “Significant Change”, and whether that change is an improvement or decline in the recipient’s condition.

<p style="text-align: center;">STATE OF ALASKA DEPARTMENT OF HEALTH & SOCIAL SERVICES SENIOR AND DISABILITIES SERVICES POLICY & PROCEDURE MANUAL</p>	<p>SECTION: Nursing Facilities</p>	<p>NUMBER: 13 - 1</p>	<p>PAGE: 5 of 5</p>
	<p>SUBJECT: Nursing Facility Authorization</p>		
	<p>APPROVED: <i>DRAFT</i></p>		<p>DATE:</p>

2. SDS long term care authorization staff
 - a. review the request form and other materials submitted;
 - b. determine whether the change is of such significance a PASRR Level II evaluation should be done;
 - c. refer the recipient for evaluation by the Division of Behavioral Health or the SDS IDD unit;
 - d. notify the nursing facility and resident of the referral, and pends any decision regarding services or appropriateness of continuing residency until the Level II evaluation report is received; and
 - e. provide the Level II evaluation findings and recommendations to the nursing facility and resident.

E. Administrative wait beds and swing beds

1. The acute care facility submits the long term care authorization request, indicating “Swing Bed” or “Administrative Wait Bed” as the placement category,
2. The SDS long term care authorization staff
 - a. review the request form and other materials submitted; and
 - b. notify the acute care facility of authorization determination

F. Retroactive requests

1. The nursing facility submits the long term care authorization request, indicating the recipient’s Medicaid number and “Retroactive Medicaid”.
2. The SDS long term care authorization staff
 - a. review the request form and other materials submitted; and
 - b. notify the acute care facility of authorization determination