Initial Authorization Process
Skilled Nursing Facility – Washington

Prior to admission and a Managed Care Organization (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.

Out of State providers should contact (800) 869-7175 for assistance with options, out of state requests need to be reviewed on an individual basis.

Searching for a Skilled Nursing Facility (SNF)

1. Hospital performs initial search for SNF level of care per Hospital standard process
   a. Short duration SNF needs – low complexity: Hospital follows standard process noted below.
   b. Patient is returning to a custodial bed: See Authorization process for custodial care.
2. Care complex – unlikely standard search will succeed
   a. Reach out to Molina Transitions of Care (TOC) to discuss options including post SNF discharge options.
   b. Formulate plan with Molina – willingness to level up and negotiate rates.
   c. Outreach to SNF aligned with Molina TOC.
   d. Contact Molina TOC asap if you are receiving denials for SNF requests. See Process for Skilled Nursing Facility Requests

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.

Authorization process for custodial care:

1. Prior to any admission the SNF must request authorization from the MCO. If approved, the SNF bills the MCO. If denied, the SNF may bill fee-for-service when other billing conditions are met.
2. Denial letter is sent to SNF (Hospital may also receive a copy).
3. The SNF uses the denial letter and other required paperwork to request Nursing Facility level of care. See Nursing Facilities Billing Guide

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PA request received:

1. Clinical staff will review the clinical submitted against medical necessity criteria.
2. Upon initial review, if approved, a total of 7-14 days for initial approval will be allotted.
3. The decision will be communicated via letter/fax and/or phone call.
4. Per WAC 284-43-2050, the decision turnaround 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.
5. Circumstances may necessitate a faster turnaround time to support such needs e.g., COVID-19 surge.

Other Services needed for discharge (not covered by Molina):

1. Transportation (emergency and non-emergency) - Carved out to Fee-for-Service Medicaid
   a. [Washington State Health Care Authority Transportation Services (Nonemergency)](#)
2. Long Term Care Services – Administered by Home and Community Services
   a. Phone (360) 725-2300
   b. [Washington State DSHS Aging and Long-Term Support Administration](#)
   c. Examples of services:
      i. In-Home Care Services (COPES)
      ii. Long-Term Care Housing – Nursing Homes, Adult Family Homes, Assisted Living Facilities
      iii. Enhanced Services Facilities
3. Developmental Disability Administration (DDA) – Provides services such as personal care, respite, residential supports
   a. Adult Residential Care and Enhanced Adult Residential Care. See [Adult Residential Care Fact Sheet](#)
   b. Assisted Living Facilities
   c. Community Protection Program
   d. Supportive Living
4. Behavioral Health Personal Care – supports activities of daily living for individuals that meet eligibility requirements (serious mental illness exhibiting behaviors or symptoms causing functional limitations), eligibility authorized by Home and Community Services through a Cares Assessment and services authorized by MCO.

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