

**ACUTE CARE HOSPITAL TRANSITIONS—“SURGE” PROJECT**  
 Supporting expedited transitions from inpatient to nursing facility care  
 FAQs for SNFs as of 4/06/2020

On 3/18/2020 Home and community service (HCS) division implemented a statewide emergency plan around the need to expedite transition of individuals who are functionally eligible for long-term services and supports out of hospital care to all long-term care setting types. This effort is initially planned for 90 days through June, 2020; designed to expedite transitions from inpatient to nursing facilities and other home and community-based settings (also referred to as “surge period”) with the following objectives:

- Significantly reduce the time it takes to complete assessments from the date of referral for LTC community services,
- Significantly reduce the length of stay for individuals referred to HCS, and
- Increase number of transitions out of acute care hospitals into LTSS settings.

Nursing facilities are playing an important role in this effort. Clients transitioning to nursing facilities from acute care hospitals during the surge period will receive an increased daily rate as an exception for a period up to 180 days from admit to the nursing facility while the individual remains Medicaid eligible. After the individual is admitted to a nursing facility, HCS will complete an assessment for each of these individuals and determine the appropriate, alternative community setting in which the individual would like to transition.

Question	Answer
<b>Who qualifies for the increased rate?</b>	Individuals who are currently hospitalized, who need to transition from acute care hospitals to a less restrictive level of care, admitting to a nursing facility between 3/18/2020 and 6/18/2020, and are: <ul style="list-style-type: none"> <li>• Medicare and Medicaid eligible, also known as dually eligible. These individuals will be approved for the HCS service under the Community Home Project* (CHP).</li> <li>• Medicaid only clients, including Fee-For-Service and those enrolled in an MCO.</li> </ul>
<b>What is the amount of the exceptional rate increase Nursing facilities will receive per client?</b>	Admitting nursing home facilities will receive an exceptional rate of \$100 per client per day on top of their regular rate, for admitting a hospitalized client who transitions to their facility during the Surge period.
<b>What is the process of getting individuals on services?</b>	<ol style="list-style-type: none"> <li>1. For dual eligible individuals:                             <ul style="list-style-type: none"> <li>• If the individual is referred to HCS while in the hospital we are issuing Community Home Project approval letters as soon as they are known to us.</li> <li>• If the region does not have a CHP approval letter, requests from HCS field offices are sent to HCS Headquarters to review request and issue individual approval letters.</li> <li>• The approval letters are client-specific and will approve the increased rate for the specific individual, including billing instructions for the admitting SNFs. In the event the admitting SNF is known at the time of referral and included in the referral, this nursing facility location and rate will be included on the approval letter.</li> </ul> </li> </ol>

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	<p>2. For Managed Care enrollees, MCOs have been directed to complete authorizations within 24 hours of the request. These are client-specific and facility-specific. If the nursing facility is not already in the MCO’s network, MCOs are also directed to complete contracting with the SNF within 24 hours.</p>
<p><b>Would the letter be available prior to the individual admitting to the Nursing facility?</b></p>	<p>Yes.</p> <p>Dually eligible and fee for service Medicaid Only clients (these are not enrolled in MCOs):</p> <p>The hospital or HCS case manager should have a CHP approval letter for these clients. In case the letter is not available, inform the hospital discharging nurse or your facility HCS case manager.</p> <p>Medicaid Only clients who are Managed Care Enrollees:</p> <p>The prior approval letter will be issued by the MCO prior to discharge; the SNF receives a copy and the enrollee is mailed a copy at their home address.</p> <p>SNFs should only be admitting clients who have a prior authorization.</p>
<p><b>What is the Community Home Project?</b></p>	<p>The Community Home Project (CHP) is a specialized authorization to assist dually eligible and Medicaid Only fee for service clients who reside in an inpatient hospital setting who are transitioning to a community home setting. CHP provides services in a SNF that are not included in a daily rate and not payable through other means. Services provided under this program are authorized for a limited duration.</p>
<p><b>How will the nursing facility know if a client referral they receive meets the criteria for the increased rate?</b></p>	<p>Any Medicaid-eligible client with a nursing facility benefit being discharged from an acute care hospital between 3/18/2020 and 6/18/2020 is eligible for the increased rate exception up to 180 days from the day they are admitted to the SNF. As noted above:</p> <ol style="list-style-type: none"><li>a. Dual eligible—the increased rate exception applies for days not covered by Medicare.</li><li>b. For Medicaid only-fee for service—the increased rate exception applies.</li><li>c. Medicaid Only-Managed Care enrollees – All MCOs are directed to cover the same increased rate exception.</li></ol>
<p><b>Do only individuals who have behavioral challenges qualify?</b></p>	<p>This increased rate exception is not limited to any specific Medicaid population. Although some of the individuals transitioning out of acute care hospitals under this current effort demonstrate behavioral support needs, not all do. We are partnering with SNFs to meet the needs of all individuals requiring a lesser level of care than an acute care hospital.</p>

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<b>Is there prioritization among individuals who need to be transitioned, e.g. starting with those who have stayed in the hospital longest, etc.?</b>	<p>Not at this time. The urgency of moving individuals out of hospitals who no longer meet medical necessity is a high priority, heightened more due to the COVID-19 pandemic.</p> <p>All hospital beds that can be vacated are needed for acute care patients, which is why a strong partnership with SNFs is vital to this effort. All Medicaid-covered clients transitioning into SNFs from acute care hospitals can receive the increased rate exception up to 180 days from the SNF admission date by getting an approval letter prior to admission.</p>
<b>Are client referrals to SNFs coming from specific acute care hospitals?</b>	<p>No. Referrals to SNFs will be coming from acute care hospitals and others who are assisting with hospital discharges statewide.</p>
<b>How will nursing facilities learn about individual conditions and behaviors?</b>	<p>This information will come from the hospital’s records and be included in an admission packet to the Nursing Facility for consideration.</p>
<b>What assurance do we get that the rate will remain in place until the individual is safely discharged?</b>	<ol style="list-style-type: none"><li>1. The increased rate exception is approved for up to 180 days of Medicaid coverage (six months). During that time, the HCS nursing facility case managers in coordination with MCOs, if applicable, will be working with residents to find alternative community settings early on in the transition.</li><li>2. For those individuals with dual coverage and fee for service Medicaid only; the nursing facility will be presented with an individualized CHP approval letter which includes billing instructions. Billing instructions may also be found in the <a href="#">HCA Nursing Facilities Billing Guide</a>.</li><li>3. For Medicaid only Managed Care enrollees, the nursing facility will bill the MCO in which the individual is enrolled.</li><li>4. A Pre-Authorization is required for all SNF admissions.</li></ol>
<b>Will individuals admitted to SNFs during the Surge period be supported by HCS to find appropriate community settings when the pandemic ends?</b>	<p>Yes. Once an individual transitions to the SNFs, the HCS nursing facility case manager(s) in collaboration with MCO, if applicable, will continue to work with the individual to find community options to transition out of nursing facilities.</p>
<b>If I need additional assistance to obtain a CHP client letter for dual eligible or fee for service clients, who else can I contact at HCS field offices?</b>	<p>Please contact the following individuals listed for your respective county.</p> <p><b>Marcie Lee—Social Services Specialist 4, HCS Region 1</b> Phone # 509-568-3816 Email: <a href="mailto:marcie.lee@dshs.wa.gov">marcie.lee@dshs.wa.gov</a></p> <p>Adam, Asotin, Benton, Chelan, Columbia, Douglas, Ferry, Franklin, Garfield, Kittitas, Klickitat, Lincoln, Pend Oreille, Spokane, Steven, Walla Walla, and Whitman</p> <p><b>Alfred Hunter—Program Manager, HCS Region 2</b></p>

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	<p>Phone # 425-977-6558 Email: <a href="mailto:Alfred.hunter@dshs.wa.gov">Alfred.hunter@dshs.wa.gov</a></p> <p>Island, King, San Juan, Skagit, Snohomish, and Whatcom</p> <p><b>Jennifer Miller—NFCM Program Manager, HCS Region 3</b> Phone # 360-664-9136 Email: <a href="mailto:jennifer.miller@dshs.wa.gov">jennifer.miller@dshs.wa.gov</a></p> <p>Clallam, Clark, Cowlitz, Grays Harbor, Jefferson, Kitsap, Lewis, Mason, Pacific, Pierce, Skamania, Thurston, and Wahkiakum</p>
<p><b>If I need additional assistance to obtain a prior authorization letter from the MCO, who else can I contact?</b></p>	<p>Please follow the contract instructions below to contact MCOs you may be working with concerning individuals transitioning out of acute care hospitals.</p> <p><b>AMERIGROUP</b> Use <a href="#">AMG provider portal</a> - precertification tab If you continue to have issues, call Amerigroup Provider Services at: 1-800-454-3730.</p> <p>For behavioral Health, fax all requests for Inpatient services to: 1-877-434-7578</p> <p><a href="#">Pre-certification tutorial PDF</a></p> <p><b>COORDINATED CARE</b> Use <a href="#">CCW Provider Portal</a> or</p> <p><b><u>Fax Inpatient Admission requests to:</u></b> <b><u>Admissions</u></b> - 877-212-6105 <b><u>Concurrent Review</u></b> - 877-212-6113</p> <p><a href="#">Prior Auth form and fax</a></p> <p><b>COMMUNITY HEALTH PLAN of WASHINGTON</b> Use <a href="#">CHPW Provider Portal</a></p> <p>Or Fax Inpatient Admission Request to: Fax: (206) 652-7078</p> <p><a href="#">CHPW Prior Auth forms and guidelines</a></p> <p><b>MOLINA HEALTHCARE</b></p>

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Question	Answer
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Submit via [MHW Provider Portal](#)

**Phone:** (855) 322-4082

**Medical/Behavioral Services Fax:** (800) 767-7188

[MHW Prior Authorization Guide & Request Form](#)

**UNITEDHEALTHCARE COMMUNITY PLAN**

Submit Via [UHC Provider Portal](#)

**Phone:** 877-842-3210

**Fax** ( for notification of inpatient admit only) - 844-268-0565

Fax numbers for prior auth have been retired.

**What if I have general questions about this project and policy, who can I contact?**

You may contact the following individuals at HCS Headquarters for general questions concerning this project:

**Julie Cope—Nursing Facility Case Management Program Manager**

Phone # 360-725-2529

Email: [Julie.cope@dshs.wa.gov](mailto:Julie.cope@dshs.wa.gov)

**Kelli Emans—Integration Unit Manager**

Phone # 360-725-3213

Email: [kelli.emans@dshs.wa.gov](mailto:kelli.emans@dshs.wa.gov)

You may contact HCA for general questions about the MCOs concerning this project.

**Gail Kreiger-Manager Medicaid Compliance Review and Analytics**

Phone # 360-725-1681

Email: [gail.kreiger@hca.wa.gov](mailto:gail.kreiger@hca.wa.gov)

[HCAMCPrograms@hca.wa.gov](mailto:HCAMCPrograms@hca.wa.gov)