

### **Q1: When should skilled nursing facilities (SNFs) use the Long-Term Care Authorization Form?**

**A:** SNFs should use this form for requesting:

- Long-term care, or
- Long-term care subacute—vent or non vent **ONLY**.

For skilled level of care, or if member is receiving therapy, please use the Prior Authorization Request for Medical Services Form.

### **Q2: What is the “member admission date”?**

**A:** “Member admission date” is the date that the member was admitted to the facility during the current treatment period, as long as the member did not discharge to a lower level of care/community. This date may include skilled admissions, as long as the member did not discharge.

### **Q3: What dates should I enter under “requested service dates”?**

**A:** Please provide the complete date range for which you are requesting long-term care authorization.

### **Q4: What is an “initial” request?**

**A:** A request is considered “initial” when the facility asks for long-term care authorization for the first time, or when the member is discharged to a lower level of care/community and the facility is now re-admitting the member. Anything exceeding the bed hold requirement is a new authorization.

### **Q5: What is a “re-authorization” request?**

**A:** A request is considered “re-authorization” when the facility requests a continued stay under long-term care benefits and the member has not been discharged to a lower level of care/community.

### **Q6: What is defined as a discharge?**

**A:** A discharge is defined as, but not limited to, a member’s election of inpatient hospice, discharge to a lower level of care such as home, Assisted Living Facility (ALF), or Board and Care, or when member has exceeded a bed hold (7 days).

### **Q7: What is a “retroactive” request?**

**A:** A request for Long Term Care authorization received by Santa Clara Family Health Plan (SCFHP) after the facility has begun providing services is considered “retroactive.”

### **Q8: What clinical documentation is required for authorization review and approval?**

**A:** An authorization request for long-term care **MUST** be accompanied by **all** of the following clinical documentation: face sheet, current, active care plan, Medicare denial letter (if applicable), and physician’s current orders—signed and dated. Failure to provide documentation will delay processing and may result in a denial of services. 42 CFR part 483, sections 483, 100-483, 138t.

### **Q9: What is a valid care plan?**

**A:** A care plan must be current and include all appropriate updates to the care plan at the time the authorization request is submitted. Santa Clara Family Health Plan (SCFHP) does not accept “cancelled” care plans.

**Q10: What does moving to a lower level of care mean?**

**A:** In the nursing facility setting, moving from one level of care to a lower one generally means a member's overall condition and their needs for treatment, monitoring or structured setting have changed. If categorized in a hierarchy, subacute is the highest level of care, skilled care is a level down, and long-term care is below skilled. Hospice provides end-of-life care either in the facility or community, and home and community based care or independent living are lower levels of care.