VERMONT
DEPARTMENT OF VERMONT HEALTH ACCESS

Standard Operating Procedure

Title: Adult Acute Rehabilitation Prior Authorization – Out-of-Network

Issuance Date: June 11, 2024

Applicable Regulations, Guidelines, and AHS Policy:

Vermont statute or rule:

- 7601 Long-Term Care Services (02/06/10, 09-07)
  A. (1) Rehabilitation Center Services

- 7605 Authorization for Long-Term Care (02/06/10, 09-07)
  Authorization for long term care for out-of-network facilities falls under DAIL's jurisdiction.

Purpose:

The Clinical Operations Unit (COU) developed this process to help ensure a smooth transition from an acute rehabilitation stay to the next level of care needed by the member.

Vermont Medicaid authorizes acute "short stay" or up to 30 days in out-of-network rehabilitation centers. Members requiring longer than 30 days to recuperate must apply for long term care Medicaid, called Choices for Care, administered by the Department of Disabilities, Aging and Independent Living (DAIL). This program covers individuals aged 18 or older who require long-term services and support, providing equal access to either a nursing facility or home and community-based services. It is imperative that the admitting facility begin this application process the day the member is admitted as the time for this process to be completed can be lengthy. Out-of-network stays require prior authorization.

Procedure:

The Nurse Case Managers (NCM) in the Clinical Operations Unit (COU) will review an admission to an out-of-network acute rehabilitation facility to determine if medical necessity warrants such an admission, and no beds are available in-network. Both the facility and attending physician must be enrolled with Vermont Medicaid. If they are not, the Notice of Decision (NOD) must include language stating medical necessity criteria is met but reimbursement for services is contingent upon provider enrollment in Vermont Medicaid. Enrollment can be completed at:
http://vtmedicaid.com/#/provEnrollInstructions.

Reimbursement rates are not discussed or negotiated by the Clinical Unit staff. If the member is attributed to the ACO but the facility bills as a skilled nursing facility (SNF) the COU is responsible for authorization decisions as SNF is not included in the Total Cost of Care (TCOC). DAIL is required to check the NPI Registry website to confirm the facility's primary taxonomy. https://npiregistry.cms.hhs.gov/.

For SNF admissions or long term non-acute care admissions, contact appropriate staff at DAIL. To ensure facilities are connected to DAIL, the following language will be included on the NOD "Please contact the Department of Disabilities, Aging, and Independent Living (DAIL) at http://asd.vermont.gov for information about clinical eligibility for long- term care services for Medicaid members 18 years and older. For questions about financial eligibility, please contact Long-Term Care at the Department of Vermont Access at 800-250-8427."

The requesting facility must complete and submit an out-of-network preadmission request form, along with relevant medical records. Records must include the following:

1. Plan of care outlining functional, measurable speech, physical, and/or occupational therapy goals;
2. The treatment plan;
3. Why the services cannot be performed in-network;
4. Length of stay;
5. Family/member education;
6. Discharge plan.

Continued admission to an out-of-network acute rehabilitation facility will be authorized only if medical necessity warrants an acute rehabilitation level of care. If discharge is delayed due to discharge planning barriers, the Prior Authorization will not be extended, and the facility will be instructed to contact DAIL. Authorization for long term care for out-of-network facilities falls under DAIL's jurisdiction, per Medicaid Rule 7605. If at any point during the acute rehabilitation review the COU NCM receives a request for a prolonged stay at the facility, DAIL's Adult Services Division Program Manager should be notified.

Sub-acute, custodial, or long-term care admission requests are managed by DAIL (Medicaid Rule 7605). Facilities that need assistance with discharge planning and care coordination for the placement of member's post discharge may contact the Adult High Tech Program managed by DAIL.

The Choices for Care Program, managed by DAIL, covers sub-acute rehabilitation and skilled nursing facility stays. A member must be either 65 years of age or older or 18 years of age with a physical disability. The Economic Services Division determines financial eligibility. A DAIL nurse completes a physical assessment, which may be done by phone when the member is out of state.

Once the member is covered by Choices for Care, DAIL assumes responsibility for sub-acute placement.

Revision History:

Date	Summary of Revisions
2/2020	Review and contacts updated
2/2022	Review, contacts updated, NOD language updated, and ACO information updated.
11/2022	Review, clarified DAIL's role
3/28/2023	OMU review, small edits.
7/14/23	COU review for new Medicaid Director position.
6/11/2024	COU review and minor edits