

# Title: Pediatric Acute Rehabilitation Prior Authorization – Out-of-Network

**Issuance Date: April 26, 2023**

## 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 developed this process to help ensure an efficient transition from an acute rehabilitation stay to the next level of care required for 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. Vermont Department of Health Children with Special Health Needs (VDH CSHN) supports services for members up to 21 years of age. The admitting facility must begin the 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:

Vermont Medicaid authorizes acute “short stay” or up to 30 days in out-of-Network rehabilitation centers. Members requiring longer than 30 days must apply for long term care Medicaid, called Choices for Care, administered by the Department of Disabilities, Aging and Independent Living (DAIL). This is for 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. Pediatric non-acute rehabilitation is managed by DAIL.

Out-of-network stays require prior authorization.

The Nurse Case Managers (NCM) in the Clinical Operations Unit (COU) will review the clinical documentation from the request for an admission to an out-of-network acute rehabilitation facility when medical necessity warrants such admission. Both the facility and the attending physician must be enrolled with Vermont Medicaid. If they are not, the Notice of Decision (NOD) must include language stating the admission is approved contingent upon the enrollment of the provider or facility. Also include the link to provider enrollment instructions. If the member is attributed to the ACO but the facility will bill as a skilled nursing facility (SNF), DAIL or VDH is responsible for this admission. The ACO does not cover SNF admissions. Check the NPI Registry website to confirm the facility’s primary taxonomy. Reimbursement rates are not discussed or negotiated by the Clinical Unit nurses. If the member is attributed to the ACO but the facility bills as a skilled nursing facility (SNF) the COU is responsible for this admission. The ACO does not cover SNF admissions. Check the NPI Registry website to confirm the facility’s primary taxonomy.

For SNF admissions or long term non-acute care admissions contact the DAIL Nurse Administrator, Choices for Care Adult Services Division  
**for members 18 years and older.**

Contact **VDH CSHN for members up to the age of 21.**

The requesting facility must complete and submit the “Out-of-State 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; and
6. Discharge plan.

## Standard Operating Procedure

Continued admission to an out-of-network Pediatric Acute Rehabilitation facility will be authorized only if medical necessity warrants a Pediatric 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 or VDH. Authorization for long term care for out-of-network facilities falls under DAIL or VDH's jurisdiction, per Medicaid Rule 7605. If the COU NCM, during the initial acute rehabilitation review or at any point during reviews for extension requests, anticipates a prolonged stay that is outside the acute rehabilitation phase of care, DAIL's Adult Services Division Long Term Care Services and Support Units must be notified.

In cases where the COU NCM believes that a Pediatric Acute Rehabilitation patient may benefit from support for discharge planning, they may contact the following:

- Children with Special Health Needs Clinical Services Director
- High Tech Nursing Supervisor
- DAIL Developmental Disabilities Services Division Children's Service Specialist
- DAIL Developmental Disabilities Service Division Assistant Director

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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, should contact DAIL's Adult Services Division Program Manager.

## 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 and VDH's role
3/29/2023	OMU review, minor edits.
4/26/2023	Review, minor edits

Table 1 Revision History

# Standard Operating Procedure