

Retroactive authorization request

Form for nursing facilities and ICFs



Facility name: _____ Admission record number: _____

Resident name: _____ Medicaid ID: _____

Retroactive request submission date: _____

Requested Medicaid payment start date: _____

Facility admission date: _____

Reason for the retroactive authorization request:

Facility administrator name: _____

Facility administrator signature: _____

Requirements for the retroactive authorization request:

- A nursing facility may complete a written request for retroactive authorization and, if approved, the authorization period will begin a maximum of 90 days prior to the date the form was received by the Department.
- The retroactive authorization request must be signed by the facility administrator.
- The resident must meet the level of care criteria at the requested payment start date. If the retroactive authorization request start date is prior to the dates on the documentation originally reviewed as part of the admission record process, then additional documentation is required to ensure the resident met criteria at that time.
- Retroactive authorization requests may be denied due to PASRR regulations and deadlines associated with the admission record process.
- A retroactive authorization request is required for add-on program start dates to be retroactively approved.

Retroactive authorization requests must be submitted online through PRISM, attached as a file to the correct Admission Record. For questions, call 801-538-6155 or toll-free 1-800-662-9651 and select option 3, 3, and choose the correct RA nurse or send an email to residentassessment@utah.gov.

For more information, see Utah Administrative Code R414-501-5.

An admission record must be approved prior to approval of the retroactive authorization request.