

PRIOR AUTHORIZATION FOR ADMISSION TO OUT OF STATE NON-SPECIALIZED SKILLED NURSING FACILITIES

Effective **October 1, 2011**, the Office of Health Insurance Programs (OHIP) in Albany will review prior authorization (PA) requests for all initial admissions for Medicaid fee for service beneficiaries to out-of-state non-specialized skilled nursing facilities (OOS N/S SNFs). The PA requirement for admission will help ensure that New York State Medicaid beneficiaries are provided every opportunity to remain in and receive health care services from providers within the borders of New York State. This supports the Medicaid Redesign Team's efforts to repatriate beneficiaries in OOS SNF placements by preventing unnecessary initial OOS admissions (see MRT #68 http://nyhealth.gov/health_care/medicaid/redesign/docs/redesign_proposals.pdf).

As with all SNF admissions, the discharge planner/case manager must complete an H/C PRI and SCREEN form. If the screener's recommendation is for SNF level of care, a Level I Evaluation must be completed. If the individual is identified as having serious mental illness and/or mental retardation, the discharge planner/case manager should continue with the PASRR process as defined in federal regulations. If the individual requires SNF level of care, admission to an OOS N/S SNF will be authorized for up to 120 days only under the following conditions:

- the individual has been denied admission to all in-state SNFs within 50-75 miles of their residence, or
- the individual will be temporarily absent from the State and residents of the individual's district customarily obtain care at the proposed facility.

The discharge planner/case manager must maintain the above documentation and provide it upon request.

A new PA form and submission instructions are posted on the eMedNY website: [Prior Authorization for Out of State Skilled Nursing Facilities Form](#). This process does not apply to admissions for OOS short term acute rehabilitation or OOS High/Specialized Level of Care. Requirements and instructions for OOS High/Specialized Level of Care SNF admissions are also available on the website.

Additionally, a new post authorization process has been developed to monitor the necessity for continued payment to the OOS facility for Medicaid beneficiaries for whom initial admission was prior authorized. Within 120 days of the admission, the OOS N/S SNF must evaluate the individual's potential for repatriation to New York State. The facility must provide documentation to the local district that the recipient has been declined admission to all New York State facilities within 50-75 miles of the beneficiary's New York State residence. Denial must be based upon a recently completed, not to exceed fourteen days, PRI and SCREEN. This information is required for the local district to extend authorization for payment through the principal provider file.

For questions on prior authorization of non-specialized out of state SNF initial admissions, call OHIP Medical Prior Approval at (800) 342-3005, option 1.