

TO: All Local District Commissioners, Medicaid Directors

FROM: Douglas Fish, MD, Director, Division of Medical and Dental Directors

SUBJECT: Updates to Prior Approval and Renewal Process for Out-of-State Skilled Nursing Facility Placement

EFFECTIVE DATE: August 1, 2023

CONTACT PERSON: Prior Approval: OHIP Medical PA (800)342-3005 Option 4

This GIS message is to advise local departments of social services of the updated process required for implementation of prior approval (PA) for admission to out-of-state skilled nursing facilities (OOS SNFs), and the revised renewal process to determine whether continued payment to the OOS SNF is to be authorized.

The PA requirement for OOS SNF admissions was developed to ensure that New York State Medicaid members are provided every opportunity to remain in and receive health care services from providers within the borders of New York State. The PA process prevents unnecessary admissions to out-of-state facilities.

As with all SNF admissions (including transfers), the discharge planner/case manager must complete an [H/C PRI](#) and [PASRR/SCREEN](#) form for an OOS SNF admission. If the screener's recommendation is for SNF high-level care, a Level 1 Evaluation must be completed. If the member is identified as having serious mental illness or intellectual disability, the discharge planner/case manager should continue with the PASRR process as defined in federal regulations. If the individual requires an OOS SNF at any level, admission will be authorized for up to 365 days only under the following conditions:

- The individual has been denied admission to all in-state SNFs within 150 miles of their residence. If placement options within 150 miles have been exhausted, then providers should expand placement options in-state up to 300 miles from the member's residence before considering out-of-state placement.
- Pediatric members (under 21 years old) must have denials from all Medicaid-enrolled pediatric facilities within NY State.
- All denials must have been provided within the last 14 days. Requests from facilities for additional information will not be considered denials.
- The individual will be temporarily absent from the State and residents of the individual's district customarily obtain care at the proposed facility.

Initial admission requests should be faxed to the Department with the [Request for Prior Approval - Initial Admission to OOS SNF form](#). At that time, the discharge planner/case manager must submit all in-state facility denials for Department review. After the initial approval, the OOS facility must contact the member's county of residence for necessary updates to the member's principal provider file.

Near the expiration of the initial prior approval, the OOS facility should use the paper prior approval form or ePACES to submit a request for continued approval for the member at the OOS facility. Instructions and training on use of ePACES can be found at: <https://www.emedny.org/selfhelp/index.aspx> or by calling the eMedNY Call Center at 1-800-343-9000.

Additional information about these changes can be found at eMedNY.org, in the [Residential Health Manual](#).

Questions should be directed to 800-342-3005 option 4 or FFSOOS@health.ny.gov