

APPROVED

**NEW YORK STATE
MEDICAID
PROGRAM**

**OUT-OF-STATE
SKILLED NURSING FACILITIES**

Out-of-State Nursing Home Care

The NYS Department of Health (NYSDOH) uses a prior approval (PA) process for admission to, and continued services at, out-of-state (OOS) skilled nursing facilities (SNF) for NYS Medicaid members requiring both high-level and custodial-level of care. Prior approval for initial admission to an OOS SNF ensures that NYS Medicaid members are provided every opportunity to remain in and receive health care services from providers within the borders of New York State. Payment will not be made to OOS SNFs unless admission has been approved by NYSDOH through a PA request.

NOTE: Prior Approval is not required for short-term rehabilitation in an OOS SNF or when Medicare is the primary payor.

Admissions/Transfers:

As with all SNF admissions (including transfers), the discharge planner/case manager must complete an H/C PRI ([DOH-694](#)) and PASRR/SCREEN ([DOH-695](#)) 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, 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.

The [Request for Prior Approval – Initial Admission to OOS SNF Form](#) can be found on NYS Medicaid's website (eMedNY.org). Initial prior approval requests should be faxed to: (518)402-3253 or sent via email to: FFSOOS@health.ny.gov. All in-state facility denials should be submitted with the Request for PA – Initial Admission to OOS SNF Form. The referring practitioner and proposed OOS facility must be enrolled in NYS Medicaid. Requests provided by the proposed OOS facility, rather than the member's case manager or discharge planner will not be accepted.

Quality of Care:

NYS Medicaid beneficiaries and/or their representative with complaints regarding their OOS care should continue to contact the nursing home complaint program in the state where the nursing home is located. For specific questions related to care and services, contact the Office of Primary Care and Health Systems Management – Center for Healthcare Provider Services and Oversight at 1-888-201-4563.

Renewals:

For a member who is receiving any level of care in an OOS SNF through prior approval, after the initial 365-day approval, the OOS facility must contact the member's county of residence for any necessary updates to the member's principal provider file. Using ePACES, the OOS SNF should enter a request for a new prior approval and provide a completed [Renewal Request form for OOS SNF](#). Instructions and training on use of ePACES can be found at: <https://www.emedny.org/selfhelp/> or by calling the eMedNY Call Center at 1-800-343-9000.

Monthly Census Reports: All OOS SNFs who have been approved to care for NYS Medicaid members are required to provide a current census listing of the members' names, Medicaid numbers, and coverage type, as well as a list of the Medicaid members who have been discharged or expired, at the end of each month of the calendar year.

Medicare: Providers must follow Medicare rules for care and services provided to Medicaid members who also have Medicare as their primary source of coverage. Medicare approved care and services provided to Medicare primary Medicaid members do not require prior approval from NYS Medicaid.

For questions related to out of state SNF referrals, contact the Bureau of Medical Review at 1-800-342-3005 option 4, or by email at FFSOOS@health.ny.gov.