

## Out of State Nursing Home Care Update

Effective January 2012, the NYS Department of Health (DOH) is implementing an interim prior authorization process for admission and continued services at out of state (OOS) skilled nursing facilities (SNF) for Medicaid beneficiaries requiring High/Special Level care.

**Admissions:** 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 High/Special 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. The updated prior authorization form for OOS SNF admission is available at the eMedNY website:

<https://www.emedny.org/ProviderManuals/ResidentialHealth/index.aspx>

**Extensions:** For beneficiaries who are currently receiving previously prior approved High/Special level care in OOS SNFs, DOH will administratively extend the PA for an additional 90 days for continuation of services. Facilities who do not receive updated eMedNY PA rosters reflecting the extension within 10 days of expiration should contact the DOH Office of Health Insurance Programs, Medical PA at (800) 342-3005, option 1 (NYS), or (518) 474-3575, option 1 (outside NYS).

**Requirements:** OOS SNF providers are expected to generate and maintain on file (at the SNF) a quarterly status report for all NYS Medicaid recipients receiving High/Special care level or non-specialized/custodial level services. **Status reports must be provided upon request from DOH and must include the following components:**

• Name	• Date of birth
• Date of report	• Medicaid CIN number
• Referring Institution	• Date of OOS SNF admission
• Admission & Current Diagnosis	• Background of referral
• Current medication list	• Documentation to support ongoing discharge planning.
• Documentation to support need for continued specialized or custodial care reimbursement	• Does resident, guardian or legal representative desire return to NYS for care and services? 'Yes' or 'No'. If yes, please provide supporting documentation to verify placement attempts.

**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 DOH Office of Health Systems Management, Division of Nursing Home and ICF Surveillance at (518) 408-1272.

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