

PRIOR AUTHORIZATION FOR INITIAL PLACEMENT IN OUT OF STATE NON-SPECIALIZED SKILLED NURSING FACILITIES

The prior authorization (PA) requirement for out of state non-specialized skilled nursing facility (SNF) placements was developed to ensure that New York State Medicaid beneficiaries are provided every opportunity to 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 out of state SNF placements by preventing unnecessary initial placements (see MRT #68 http://nyhealth.gov/health_care/medicaid/redesign/docs/redesign_proposals.pdf).

With the PA requirement, **effective for initial placements on and after October 1, 2011**, the Office of Health Insurance Programs (OHIP) in Albany will review placement requests and direct the local district regarding authorization of payment. A new prior authorization request form and submission instructions is posted on the eMedNY website: <https://www.emedny.org/ProviderManuals/ResidentialHealth/>. (Requirements and instructions have not changed for out of state High/Specialized Level of Care SNF placements and are also available on this website.)

As with all SNF placements, the discharge planner/case manager must complete a SCREEN or PASRR Evaluation Report which recommends SNF level of care. The discharge planner/case manager must also ensure that all in-state SNFs within 50-75 miles of the beneficiary's residence have denied admission and that residents of their local district customarily obtain care at the proposed SNF.

Additionally, a new post-authorization process has been developed to monitor the necessity of continued out-of-state placement for Medicaid beneficiaries for whom initial placement was authorized. Within 120 days of such placement, the out of state SNF must evaluate the beneficiary's potential for repatriation to New York State. The facility must provide documentation to the local district of the beneficiary's continued need for SNF level of care, as indicated on an updated SCREEN and/or PASRR Evaluation Report and denial of admission to New York State facilities within 50-75 miles of the residence. This information is required for the local district to extend authorization for payment through the principal provider file.

These new processes will provide an opportunity for New York State to further analyze the service needs of Medicaid beneficiaries against the services currently available within the State. This will provide an opportunity to more effectively and efficiently plan for the medical and clinical needs of our New York State citizens.

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