



Initial Admission Request to an Out-of-State Skilled Nursing Facility (SNF) FAQ

This FAQ has been created to answer questions we are often asked regarding the process of completing an Out-of-State (OOS) Skilled Nursing Facility (SNF) admission request.

Q: When should a facility submit an OOS SNF initial admission request?

A: Once referrals to all appropriate in-state SNFs have been completed and all have denied the member admission, there is an accepting OOS SNF that is currently enrolled with NYS Medicaid, and all possible placement options up to 300 miles from member's home address have been exhausted (i.e. OPWDD, Medicare, etc).

Q: How many referrals to in-state SNFs are needed to submit an OOS SNF initial admission request?

A: There is no specific number of referrals to be submitted, however, there are some guidelines to consider when submitting a referral to our team:

- NYS has over 600 nursing facilities, it is imperative that ALL appropriate in-state possibilities have been exhausted before considering out of state placement.
- Referrals should be sent to all appropriate in-state SNFs within 300 miles from member's home address.

Q: How recent should referrals have been sent to in-state SNFs prior to submitting the OOS SNF initial admission request?

A: All in-state SNF referrals/denials must have been sent no greater than 14 days prior to submission for review.

Q: What documentation should be included with the OOS SNF initial admission request?

A: There are a few items that should be submitted with your request:

- A completed "Prior Authorization Form for Out-of-State Skilled Nursing Facility" form.
- Find the form at eMedNY.org under the "Provider Manual" tab → Residential Health → "Prior Authorization Form for Out-of-State Skilled Nursing Facility" form.
- A complete list of referrals made on behalf of the member that includes the name of each facility referrals were sent to, the name of who you spoke with at each facility (or "electronic referral" indicated), date referral sent, decision and reason for denial if provided.
- Clinical documentation including H&P, PRI, PASSR, recent provider and nursing notes, PT/OT notes, and medication list.