

Medicare State Operations Manual

Appendix

- Each Appendix is a separate file that can be accessed directly from the SOM Appendices Table of Contents, as applicable.
- The appendices are in PDF format, which is the format generally used in the IOM to display files. Click on the corresponding letter in the "Appendix Letter" column to see any available file in PDF.
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resident that valued possessions are not left behind or lost; orienting staff in the receiving facility to resident's daily patterns; and reviewing with staff routines for handling transfers and discharges in a manner that minimizes unnecessary and avoidable anxiety or depression and recognizes characteristic resident reactions identified by the resident assessment and care plan.

Procedures §483.12(a)(7)

During Resident Review, check social service notes to see if appropriate referrals have been made and, if necessary, if resident counseling has occurred.

F205

§483.12(b) Notice of Bed-Hold Policy and Readmission

§483.12(b)(1) Notice before transfer. Before a nursing facility transfers a resident to a hospital or allows a resident to go on therapeutic leave, the nursing facility must provide written information to the resident and a family member or legal representative that specifies--

(i) The duration of the bed-hold policy under the State plan, if any, during which the resident is permitted to return and resume residence in the nursing facility; and

(ii) The nursing facility's policies regarding bed-hold periods, which must be consistent with paragraph (b)(3) of this section, permitting a resident to return.

§483.12(b)(2) Bed-hold notice upon transfer. At the time of transfer of a resident for hospitalization or therapeutic leave, a nursing facility must provide to the resident and a family member or legal representative written notice which specifies the duration of the bed-hold policy described in paragraph (b)(1) of this section.

Interpretive Guidelines §483.12(b)(1) and (2)

The nursing facility's bed-hold policies apply to all residents.

These sections require two notices related to the facility's bed-hold policies to be issued. The first notice of bed-hold policies could be given well in advance of any transfer. However, reissuance of the first notice would be required if the bed-hold policy under the State plan or the facility's policy were to change. The second notice, which specifies the duration of the bed-hold policy, must be issued at the time of transfer

In cases of emergency transfer, notice "at the time of transfer" means that the family, surrogate, or representative are provided with written notification within 24 hours of the

transfer. The requirement is met if the resident's copy of the notice is sent with other papers accompanying the resident to the hospital.

Bed-hold for days of absence in excess of the State's bed-hold limit are considered non-covered services which means that the resident could use his/her own income to pay for the bed-hold. However, if such a resident does not elect to pay to hold the bed, readmission rights to the next available bed are specified at §483.12(b)(3). Non-Medicaid residents may be requested to pay for all days of bed-hold.

If residents (or their representatives in the case of residents who are unable to understand their rights) are unsure or unclear about their bed-hold rights, review facility bed-hold policies.

- Do policies specify the duration of the bed-hold?
- Is this time period consistent with that specified in the State plan?
- During closed record review, look at records of residents transferred to a hospital or on therapeutic leave to determine if bed-hold requirements were followed. Was notice given before and at the time of transfer?
- During closed record review, look at records of residents transferred to a hospital or on therapeutic leave to determine if bed-hold requirements were followed. Was notice given before and at the time of transfer?

F206

(Rev. 70, 01-07-11, Effective: 10-01-10 Implementation: 10-01-10)

§483.12(b)(3) Permitting Resident to Return to Facility

A nursing facility must establish and follow a written policy under which a resident whose hospitalization or therapeutic leave exceeds the bed-hold period under the State plan, is readmitted to the facility immediately upon the first availability of a bed in a semi-private room if the resident--

- (i) Requires the services provided by the facility; and**
- (ii) Is eligible for Medicaid nursing facility services.**

Interpretive Guidelines §483.12(b)(3)

"First available bed in a semi-private room" means a bed in a room shared with another resident of the same sex. (see §483.10(m) for the right of spouses to share a room.)

Medicaid-eligible residents who are on therapeutic leave or are hospitalized beyond the State's bed-hold policy must be readmitted to the first available bed even if the residents have outstanding Medicaid balances. Once readmitted, however, these residents may be transferred if the facility can demonstrate that non-payment of charges exists and documentation and notice requirements are followed. The right to readmission is applicable to individuals seeking to return from a transfer or discharge as long as all of the specific qualifications set out in §483.12(b)(3) are met.

Procedures §483.12(b)(3)

For Medicaid recipients whose hospitalization or therapeutic leave exceeds the bed-hold period, do facility policies specify readmission rights?

Refer to the current MDS for discharge information.

Review the facility's written bed-hold policy to determine if it specifies legal readmission rights. Ask the local ombudsman if there are any problems with residents being readmitted to the facility following hospitalization. In closed record review, determine why the resident did not return to the facility.

Ask the social worker or other appropriate staff what he/she tells Medicaid-eligible residents about the facility's bed-hold policies and the right to return and how Medicaid-eligible residents are assisted in returning to the facility.

If potential problems are identified, talk to discharge planners at the hospital to which residents are transferred to determine their experience with residents returning to the facility.

F207

§483.12(c) Equal Access to Quality Care

§483.12(c)(1) A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all individuals regardless of source of payment;

§483.12(c)(2) The facility may charge any amount for services furnished to non-Medicaid residents consistent with the notice requirement in §483.10(b)(5)(i) and (b)(6) describing the charges; and

§483.12(c)(3) The State is not required to offer additional services on behalf of a resident other than services provided in the State plan.

