

MEDICAID BED HOLD POLICIES BY STATE

April 2019



| STATE | HOSPITAL TRANSFER | THERAPEUTIC LEAVE | AMOUNT PAID BY MEDICAID |
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| ALABAMA | <p>Medicaid residents may not be charged for reservation of a bed for the first four days.</p> <p>http://www.medicaid.alabama.gov/content/Gated/7.6.1G_Provider_Manuals/7.6.1.1G_Jan2019/Jan19_26.pdf</p> | <p>Payments to nursing facilities may be made for therapeutic leave visits to home, relatives, and friends for up to six days per calendar quarter. A therapeutic leave visit may not exceed three days per visit. Visits may not be combined to exceed the three-day limit.</p> <p>http://www.medicaid.alabama.gov/content/Gated/7.6.1G_Provider_Manuals/7.6.1.1G_Jan2019/Jan19_26.pdf</p> | <p>Prospective per diem based on cost and facility class.</p> |
| ALASKA | <p>Leave of absence due to hospitalization is not covered.</p> <p>http://dhss.alaska.gov/dhcs/Documents/hflc/PDF/Files/HCS-LTC-Conf-2017-Claims.pdf</p> | <p>The Division of Health Care Services will not pay for:</p> <ul style="list-style-type: none"> • More than 12 consecutive days of leave of absence without written prior authorization. • More than 12 total days of absence within a 12-month period per recipient without written prior authorization. <p>Authorized leaves include visits with relatives and friends of not more than 12 days in duration, and leave to participate in therapeutic or rehabilitative programs. The purpose and plan of all therapeutic or rehabilitative leave must be documented in the recipient's plan of care at the facility. Therapeutic or rehabilitative programs include, but are not limited to: a) trial visits to alternative care settings to determine if permanent placement is feasible; b) gradual increased length of visits to prepare recipients for returning to their home or community; and c) extended absences to participate in workshop evaluation for rehabilitative programs.</p> <p>http://medicaidalaska.com/Downloads/Providers/BillingManual_LongTermCare.pdf</p> | <p>Days are paid at the same per diem rate as the days when the recipient is in the facility.</p> |
| ARIZONA | <p>Bed hold days for recipients admitted to a hospital for a short stay are limited to 12 days per contract year. Members under 21 years of age may use any</p> | <p>Therapeutic leave days are limited to nine days per contract year. Members under 21 years of age may use any combination of bed</p> | <p>Prospective per diem based on resident acuity. Payment shall be denied</p> |

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| | <p>combination of bed hold days and therapeutic leave days per contract year with a limit of 21 days per year.</p> <p>Bed hold days for members admitted to a hospital for a short stay are limited to 12 days per contract year.</p> <p>https://www.azahcccs.gov/PlansProviders/Downloads/IHS-TribalManual/IHS-Chap14ALTCS.pdf</p> | <p>hold days and therapeutic leave days per contract year with a limit of 21 days per year.</p> <p>http://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/Chap100.pdf</p> <p>Therapeutic leave days are limited to nine days per contract year</p> <p>https://www.azahcccs.gov/PlansProviders/Downloads/IHS-TribalManual/IHS-Chap14ALTCS.pdf</p> | <p>for any absence that is not properly authorized, is for purposes other than those listed, or is in excess of the specified time limits.</p> |
| ARKANSAS | <p>The Medicaid bed hold policy depends on the occupancy rate of the nursing home. If it is 85% occupied or more, Medicaid will pay for up to 5 consecutive days for a leave of absence to the hospital.</p> <p>http://www.daas.ar.gov/pdf/ar_nursing-home_consumer-guide.pdf</p> | <p>Medicaid will pay for up to 14 consecutive days for therapeutic home visits, regardless of the home's occupancy rate.</p> <p>http://www.daas.ar.gov/pdf/ar_nursing-home_consumer-guide.pdf</p> | <p>Prospective cost based per diem.</p> |
| CALIFORNIA | <p>Medicaid residents may not be charged for reservation of a bed for the first seven days.</p> <p>Medi-Cal Provider Manual Part 2- Long Term Care</p> | <p>Eighteen days per calendar year for non-developmentally disabled recipients. Up to 12 additional days of leave per year may be approved in increments of no more than two consecutive days when the following conditions are met: the request for additional days of leave shall be in accordance with the individual recipient care plan and appropriate to the physical and mental well-being of the patient. At least five days of LTC inpatient care must be provided between each approved LOA.</p> <p>Medi-Cal Provider Manual Part 2- Long Term Care</p> | <p>The rate reduction for bed hold or leave of absence for acute hospitalization is \$6.28 per diem for dates of service on and after August 1, 2011.</p> <p>http://www.dhcs.ca.gov/services/medi-cal/Documents/AB1629/2011.12%20Bed%20Hold%20or%20Leave%20of%20Absence.pdf</p> |
| COLORADO | <p>Health First Colorado pays for a total of 42 non-medical leave days per calendar year. With physician approval, members may pay for room reservations in excess of the combined total of 42 non-medical leave days per calendar year. Approval must be documented in the member's medical record. Non-</p> | <p>Non-medical leave days are leave days from the nursing facility for non-medical reasons, e.g., visits to the homes of family or friends or absences for therapeutic and/or rehabilitative reasons. The attending physician must approve the leave and certify that the leave is not contrary to the patient's plan of care. The Colorado Medical Assistance Program pays for a total of 42 non-medical leave days per calendar year. With physician approval,</p> | <p>Prospective per diem based on cost, acuity adjusted, with limits.</p> |

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| | <p>medical leave days must be tracked on the facility's daily census report.</p> <p>https://www.colorado.gov/pacific/sites/default/files/UB-04_Nursing%20Facility%20v1_5.pdf</p> | <p>clients may pay for room reservations in excess of the combined total 42 non-medical leave days per calendar year.</p> <p>Source: Colorado Medical Assistance Program Nursing Facility Billing Manual www.colorado.gov</p> | |
| CONNECTICUT | <p>Medicaid will make bed reservation payments for up to 15 days if you are hospitalized. Medicaid will also pay for up to 21 days per year if you are temporarily absent for other reasons, such as short visits to family or friends on holidays. Once these payments have been exhausted, you, your family members, or others cannot be required to pay to continue to reserve your bed, but may do so voluntarily at the Medicaid per diem rate to assure that you can return to your bed.</p> <p>https://ctlawhelp.org/en/nursing-home-bed-reservations-holds</p> | <p>A facility shall be reimbursed for reserving the bed of a resident who is absent for up to twenty-one days of home leave as authorized under the Medicaid program if on the day of such an absence the facility documents that it has a vacancy rate of not more than four beds or four per cent of licensed capacity, whichever is greater. No facility shall require or request a resident who is a recipient of medical assistance to provide payment for such authorized home leave days, whether or not such payment is available from the department.</p> <p>http://www.lawserver.com/law/state/connecticut/ct-laws/connecticut_statutes_19a-537</p> | <p>State pays the per diem Medicaid rate to the facility.</p> |
| DELAWARE | <p>If a recipient is hospitalized for a short period of time and is expected to return to the facility, Medicaid reimbursement is available for no more than seven (7) days within any 30-day period. The 30-day count begins with the first day of hospitalization. If payments are suspended because recipient remains hospitalized more than seven (7) days and the 30 count expires, a new 30 day count starts with readmission to the nursing facility.</p> <p>http://regulations.delaware.gov/register/june2016/final/19%20DE%20Reg%201092%2006-01-16.htm</p> | <p>A recipient may be absent from the nursing facility for reasons other than hospitalization for a period of 18 days per year without interruption of payment to the nursing facility, as long as such absences are provided for in the recipient's plan of care.</p> <p>http://regulations.delaware.gov/register/june2016/final/19%20DE%20Reg%201092%2006-01-16.htm</p> | <p>Prospective per diem based on cost and acuity, up to Medicare limits.</p> |
| DISTRICT OF COLUMBIA | <p>If a recipient is hospitalized for a or takes a therapeutic leave, Medicaid reimbursement is available for 18 bed hold days per fiscal year, starting October 1 and ending September 30 of each year.</p> <p>DC State Plan Amendment, Attachment 4.19-D, Page 25: http://dhcf.dc.gov/sites/default/files/dc/sites/dhcf/publication/attachments/DHCFStatePlanAttach4-19dPt1_o_o.pdf</p> | | <p>Prospective per diem based on cost, with efficiency incentives, up to Medicare limits.</p> |

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| <p>FLORIDA</p> | <p>Up to eight days per hospitalization for each hospice enrolled nursing home resident approved for the institutional care program (ICP). Up to 15 days per hospitalization for each state mental health hospital (age 65 years and older) resident There is no annual maximum. One day is described as an overnight stay from the facility.</p> <p>http://www.fdhc.state.fl.us/Medicaid/stateplanpdf/attachment_4-19-C.pdf</p> | <p>Therapeutic leave means a resident leaves the facility to go to a family-type setting and not to another facility. Family type settings include a private home, boarding home or assisted living facility. One day of therapeutic leave is described as an overnight stay from the facility.</p> <p>http://www.fdhc.state.fl.us/Medicaid/stateplanpdf/attachment_4-19-C.pdf</p> | <p>Effective July 1, 2004, the facility must have at least 95 percent of its Medicaid certified beds filled in order to bill Medicaid for the bed-hold of a resident. If 5 percent or more of the facility's Medicaid certified beds are available, Medicaid does not pay for a bed-hold. The percentage of Medicaid occupancy is based upon the nursing facility's occupancy for the prior quarter of the year as defined on the previous page under Prior Quarter Definition.</p> |
| <p>GEORGIA</p> | <p>When a recipient in a nursing facility or ICF/MR who is authorized for regular vendor payment is hospitalized, the facility's state payment rate (see Section 1006) may be continued for seven (7) days during the hospital stay.</p> <p>http://www.hpm.umn.edu/nhregsplus/NHRegs_by_State/Georgia/GA%20-%20Legal%20Rights%20of%20Nursing%20Home%20Residents%20Brochure.pdf</p> | <p>Nursing Facilities that participate in the Medicaid program must provide written notice of the state bed hold policy to the resident and family member prior to a hospital transfer or therapeutic leave. In Georgi Medicaid will pay for a hold on the resident's bed during his /her absence for up seven days. Family members or others may arrange the facility to hold the bed for a longer period time. The facility may charge a mutually agreeable rate not to exceed the total allowable per diem billing rate that facility would have been paid had the resident ben in the facility ,</p> <p>http://www.hpm.umn.edu/nhregsplus/NHRegs_by_State/Georgia/GA%20-%20Legal%20Rights%20of%20Nursing%20Home%20Residents%20Brochure.pdf</p> | <p>Effective for dates of service on and after July 1, 2004, payments for patient leave days or for bed hold days during a patient's hospitalization will be made at 75% of the rate paid for days when a patient is onsite at a facility. Because patient leave days and bed hold days are not subject to the nursing home provider fee, the payment rate for patient leave days and bed hold days will exclude any compensation for the provider fee.</p> |
| <p>GUAM</p> | <p>None.</p> | <p>None.</p> | <p>N/A</p> |

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| <p>HAWAII</p> | <p>(i) A resident, whose hospitalization or therapeutic leave exceeds the bedhold period under the State plan, returns to the facility to their previous room if available or immediately upon the first availability of a bed in a semi-private room if the resident</p> <ul style="list-style-type: none"> o (A) Requires the services provided by the facility; and o (B) Is eligible for Medicare skilled nursing facility services or Medicaid nursing facility services. <p>☐</p> <p>(ii) If the facility that determines that a resident who was transferred with an expectation of returning to the facility, cannot return to the facility, the facility must comply with the requirements of paragraph (c) as they apply to discharges</p> <p>https://medquest.hawaii.gov/content/dam/formsanddocuments/resources/Provider-Resources/provider-manuals/PMChp12.pdf</p> | <p>A Medicaid recipient's bed may be reserved during a recipient's temporary absence from the long-term care facility if:</p> <ul style="list-style-type: none"> • The recipient's plan of care provides for absences other than for hospitalization and is approved by the recipient's attending physician; • Any single episode during which a bed is reserved does not exceed a period of three consecutive days. <p>https://medquest.hawaii.gov/content/dam/formsanddocuments/resources/Provider-Resources/provider-manuals/PMChp12.pdf</p> | <p>Prospective cost based per diem (for therapeutic leave).</p> |
| <p>IDAHO</p> | <p>Therapeutic home visits for residents of up to three days per visit and not to exceed a total of 15 days per calendar year so long as the days are part of a treatment plan ordered by the attending physician.</p> <p>Payment for reserve bed days is the lesser of 75 percent of the NF rate or the customary charge</p> <p>https://www.idmedicaid.com/Provider%20Guidelines/LTC.pdf</p> | <p>When a Long-Term Care patient residing in a NF goes on LOA to home, the facility may be eligible for a reserve bed payment if the facility charges private paying patients for reserve bed days. Therapeutic home visits for residents of up to three days per visit and not to exceed a total of 15 days per calendar year so long as the days are part of a treatment plan ordered by the attending physician. Eligibility for reserve bed payment is determined by Medicaid for participants.</p> <p>https://www.idmedicaid.com/Provider%20Guidelines/LTC.pdf</p> | <p>Payment for reserve bed days is the lesser of 75 percent of the NF rate or the customary charge.</p> |
| <p>ILLINOIS</p> | <p><u>Leave of Absence Days (LOA) or Bed Reserve (BR) Days:</u> LOA days will be reported with LOA Revenue Codes and must have a corresponding non-covered</p> | <p>There is no requirement under the Nursing Home Care Act to hold a bed for ten days during a therapeutic home visit. However the client is still considered a resident and must be given the next</p> | <p>Effective July 1, 2012 payment for bed reserve for all residents of nursing</p> |

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| | <p>occurrence span code 74 with the appropriate LOA dates even though some bed reserve days may be payable. The total of “non-covered” days must also be reflected with value code 81. <u>LOA reported as Revenue Codes 0182 and 0183 will be considered Therapeutic bed reserve days.</u></p> <p>Days 1 – 10 in FY - Payable at 100% of facility daily Per Diem (Legacy BR code 22) Days exceeding 10 in a FY – Payable at 75% of facility daily Per Diem (Legacy BR code 24)</p> <p>https://www.illinois.gov/hfs/SiteCollectionDocuments/LTCServicesBillingAndCoding.pdf</p> | <p>available bed when they are ready to return even if there is a waiting list.</p> <p>http://www.hfs.illinois.gov/html/083012n.html</p> | <p>facilities has been discontinued.</p> |
| <p>INDIANA</p> | <p>The IHCP does not cover “bed-hold” days in an NF as a member benefit unless the member is under hospice care. This change affects all IHCP members. Providers must make members aware of their policies and that members cannot be charged for services that they do not request.</p> <p>https://www.in.gov/medicaid/files/long-term%20care.pdf</p> | <p>Effective February 1, 2011, the Indiana Health Coverage Programs (IHCP) does not reimburse nursing facilities for holding beds for hospital or therapeutic leave days.</p> <p>http://provider.indianamedicaid.com/ihcp/manuals/chapter14.pdf</p> <p>http://blog.ihca.org/2011/07/bed-hold-policies-what-is-required-of.html</p> | |
| <p>IOWA</p> | <p>A Medicaid-eligible resident will have their bed held in a nursing facility during their temporary absence from the facility:</p> <p>☐☐When the resident is absent due to hospitalization, for a period not to exceed 10 days in any calendar month.</p> <p>☐☐When the resident is absent overnight for the purpose of visitation or vacation for a period not to exceed 18 days in any calendar year. Additional days shall be based upon a recommendation by the resident’s physician in the plan of care that additional days would be rehabilitative.</p> | <p>Effective December 1, 2009, Medicaid no longer pays to reserve a bed in a nursing facility for a person at NF/ICF level of care.</p> <p>http://www.dhs.state.ia.us/policyanalysis/policymanualpages/Manual_Documents/Letter/Imletter/8-1-67.pdf</p> | <p>Effective December 1, 2009, Medicaid no longer pays to reserve a bed in a nursing facility for a person at NF/ICF level of care.</p> <p>http://www.dhs.state.ia.us/policyanalysis/policymanualpages/Manual_Documents/Letter/Imletter/8-1-67.pdf</p> |

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| | https://dhs.iowa.gov/sites/default/files/883_ClarificationNFBedHoldChangesDec2009.pdf?022620191724 | | |
| KANSAS | <p>KMAP (Kansas Medical allows up to ten days per confinement for reservation of a bed when a NF, NF/MH, or ICF/MR beneficiary leaves the facility and is admitted to an acute care facility when conditions under the reserve day regulations are met. To ensure accurate payment, the NF, NF/MH or ICF/MR must bill hospital leave days consecutively, beginning with the date of admission. KMAP allows up to 21 days per admission for reservation of a bed when an NF/MH resident leaves the facility and is admitted to one of the state mental hospitals, private psychiatric hospital, Prairie View Mental Health Center, or a psychiatric ward in an acute care hospital. To ensure accurate payment, the NF/MH must bill psychiatric leave days consecutively, beginning with the date of admission.</p> <p>https://www.kmap-state-ks.us/Documents/Content/Provider%20Manuals/Nursing_09222010_10113.pdf</p> | <p>In the event of a nonmedical absence from a NF, the facility must report the absence to the local SRS office. The local SRS office does not require an MS-2126 form. A maximum of 18 home leave days for NFs and 21 days for NF/MHs are allowed per calendar year. Additional days require prior authorization (PA). Refer to Section 4300 of the <i>General Special Requirements Manual</i> for PA requirements.</p> <p>https://www.kmap-state-ks.us/Documents/Content/Provider%20Manuals/Nursing_09222010_10113.pdf</p> | <p>Full prospective per diem based on cost. Payment shall be available only for the days during which there is likelihood that the reserved bed would otherwise be required for occupancy by some resident.</p> |
| KENTUCKY | <p>The department shall cover and reimburse for reserved bed days for a maximum of fourteen (14) days per calendar year due to hospitalization.</p> <p>https://www.kymmis.com/kymmis/pdf/billingInstr/PT04_05_v5.1_(12-01-2018).pdf</p> | <p>The department shall cover and reimburse for reserved bed days for a maximum of ten (10) days per calendar year for leaves of absence other than hospitalization.</p> <p>https://www.kymmis.com/kymmis/pdf/billingInstr/PT04_05_v5.1_(12-01-2018).pdf</p> | <p>Medicaid pays a percentage of the daily per diem, based on the prior quarter's occupancy rate for the facility, for Nursing Facilities.</p> <p>Reimbursed at seventy-five (75) percent of a facility's rate if the facility's occupancy percent is ninety-five (95) percent or greater; and reimbursed at fifty (50) percent of a facility's rate if the facility's occupancy percent is less than ninety-five (95) percent.</p> |

| | | | Medicaid Reserved Bed Days Billing Issues |
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| LOUISIANA | <p>For each Medicaid recipient, nursing facilities shall be reimbursed for up to seven (7) hospital leave of absence days and 15 home leave of absence days per year.</p> <p>http://www.ldh.la.gov/assets/medicaid/StatePlan/Sec4/Attachment4.19C.pdf</p> | <p>For each Medicaid recipient, nursing facilities shall be reimbursed for up to seven (7) hospital leave of absence days and 15 home leave of absence days per year.</p> <p>LA Nursing Facility Medicaid Manual</p> | <p>Reimbursement for hospital leave is 75% of the applicable per diem rate.</p> <p>Reimbursement paid for home leave of absence dates will be reduced to 90% of the applicable per diem, including the nursing facility provider fee, for facilities with occupancy rates less than 90%.</p> <p>Effective for dates of service on or after March 1, 2009, the reimbursement for hospital leave of absence days for facilities with occupancy rates equal to or greater than 90% shall be 90% of the applicable per diem rate which includes the nursing facility provider fee.</p> <p>LA Nursing Facility Medicaid Manual</p> |
| MAINE | <p>Payment of bed holds for hospitalization shall be granted up to ten (10) days. If the member's hospitalization exceeds the ten (10) day (midnights) bed hold period, the resident must receive a medical eligibility assessment prior to continue MaineCare coverage of nursing facility services. A leave of absence may not be used to extend a bed hold during a hospital stay.</p> <p>http://www.maine.gov/sos/cec/rules/10/ch101.htm</p> <p>Chapter II: Section 67 Nursing Facility Services</p> | <p>Payment may be made to a facility to reserve a bed for a resident on an overnight leave of absence if:</p> <ul style="list-style-type: none"> • The resident's plan of care provides for such an absence; • The resident takes no more than a total of thirty-six (36) days in leaves of absence during the twelve (12) month period from July 1 through June 30; <p>A leave of absence may not be used to extend a bed hold during a hospital stay.</p> <p>http://www.maine.gov/sos/cec/rules/10/ch101.htm Chapter II: Section 67 Nursing Facility Services</p> | <p>Prospective per diem based on cost, up to Medicare limits.</p> <p>http://www.maine.gov/sos/cec/rules/10/ch101.htm</p> <p>Chapter II: Section 67 Nursing Facility Services</p> |

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| <p>MARYLAND</p> | <p>L If you are on Medicaid and you go to the hospital, the nursing home must allow you to return to the first available appropriate nursing home bed. If you wish to hold your bed in the specific room in which you lived in the nursing home, you may be required to pay to hold the bed. The nursing home is required to tell you in writing of its bed hold policy both at the time of admission and at the time you are transferred to the hospital. Medicaid, Medicare and most private insurers will not pay for a bed hold. If you are a private pay resident or your insurance won't pay for the bed hold, the nursing home may refuse to hold the bed unless you continue to pay for it.</p> <p>http://www.marylandattorneygeneral.gov/CPD%20Documents/Tips-Publications/NursingHomeGuideWeb.pdf</p> | <p>Medicaid covers bed reservations for recipients who are on a leave of absence to visit with friends or relatives or to participate in State-approved therapeutic or rehabilitative programs for a maximum of 18 days in any calendar year and without any limitation on the number of days per visit. The recipient's plan of care needs to provide for the absence. The recipient's attending physician shall complete the physician's authorization form not more than 30 days before the recipient's anticipated leave of absence. The facility submits the physician's authorization form to the Department with the facility's invoice which covers the month in which the leave of absence occurred.</p> <p>http://dhmh.dfmc.org/longTermCare/documents/DHMH_Bedhold_Memo_to_NFs.pdf</p> | <p>The Department will reimburse at the interim per diem rates for the Administrative and Routine, Other Patient Care, and Capital cost centers, less patient resources for the cost of reserving beds for recipients for therapeutic home visits or participation in State-approved therapeutic or rehabilitative programs. This is approximately \$130 a day because direct nursing services are not covered.</p> |
| <p>MASSACHUSETTS</p> | <p>MassHealth pays a nursing facility to reserve a bed for <u>up to ten consecutive days</u> for a member who is on a medical leave of absence from the nursing facility, if the conditions of 130 CMR 456.426 and 456.427</p> <p>https://www.mass.gov/files/documents/2018/05/23/130cmr456.pdf</p> | <p>MassHealth pays for temporary absences for nonmedical leave for members in nursing facilities for up to a total of 10 days per 12-month period starting with the first day of the nonmedical leave. A day is defined as a continuing 24-hour period. Absences from the nursing facility of less than 24 hours do not constitute a day of absence.</p> <p>http://www.mass.gov/eohhs/docs/masshealth/regs-provider/regs-nursingfac.pdf</p> | <p>The current state budget sets the Medicaid payment rate at \$80.10 per day. For the new budget year starting July 1, 2013, the payment rate will be reduced to \$30.00 per day.</p> <p>http://www.mass.gov/eohhs/docs/masshealth/regs-provider/regs-nursingfac.pdf</p> |
| <p>MICHIGAN</p> | <p>Medicaid reimburses a nursing facility to hold a bed for up to ten days during temporary absence from the facility due to admission to the hospital only when the facility's total available bed occupancy* is at 98 percent or more on the day the beneficiary leaves the facility. There is no limit to the number of hospital leave days per resident that may be billed to Medicaid annually as long as there are no more than 10 consecutive leave days per hospital stay.</p> <p>http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf</p> | <p>If the beneficiary has a temporary absence from the nursing facility for therapeutic reasons as approved by a physician, Medicaid reimburses the facility to hold the bed open for up to a total of 18 days during a 365-day period.</p> <p>The 98 percent or more occupancy does not include beds held open for hospital or therapeutic leave day(s).</p> <p>http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf</p> | <p>In cases where a facility's available bed occupancy is below 98 percent on the day the beneficiary leaves for an emergency admission to the hospital, but rises to 98 percent or more during his hospital stay, no hospital leave days can be billed for the beneficiary. Hospital leave days are only billable for a</p> |

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| | | | <p>beneficiary if the occupancy rate is 98 percent or more on the day the beneficiary leaves the hospital. In cases where the available bed occupancy is at 98 percent on the day the beneficiary leaves and drops below 98 percent during his hospital stay, the facility may bill up to 10 hospital leave days.</p> <p>http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf</p> |
| MINNESOTA | <p>Payment for hospital leave days is limited to 18 consecutive days for each separate and distinct episode of medically necessary hospitalization. Payment for leave days in an SNF or NF is limited to 60% of the applicable payment rate. (See State Agency for further detail.)</p> <p>https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=id_008996#leave</p> | <p>Recipients in an SNF or NF or certified boarding care facility are entitled to 36 leave days per calendar year.</p> <p>https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=id_008996#leave</p> | <p>For authorized leave days on or after July 1, 2011, the Medicaid program payment has been reduced from 60% of the total payment rate to 30%. The eligibility test used to determine if a facility may bill for leave days has been increased from an occupancy rate greater than 93% to an occupancy rate equal to or greater than 96%.</p> |
| MISSISSIPPI | <p>Nursing facility residents are allowed fifteen (15) days hospital leave for each hospital stay. There is no maximum number of hospital leave days each year. Hospital leave applies to acute care hospital stays in a licensed hospital, including geri-psychiatric units.</p> <p>https://medicaid.ms.gov/wp-content/uploads/2017/12/MS-SPA-18-0001-Long-Term-Care-LTC-Updates-Public-Notice.pdf</p> | <p>Medicaid coverage of home/therapeutic leave days per State fiscal year (July 1 to June 30) for nursing facilities is fifty-two (52) days in addition to Christmas Day, the day before Christmas, the day after Christmas, Thanksgiving Day, the day before Thanksgiving and the day after Thanksgiving. Thus, a resident may have up to fifty-eight (58) total days in a State fiscal year for home/therapeutic leave.</p> <p>All home/therapeutic leave days must be approved by the attending physician. Fifteen (15) days home/therapeutic leave are</p> | <p>Prospective per diem based on cost and facility class, acuity adjusted.</p> |

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| | | <p>allowed each absence. A resident must be discharged from the facility for Medicaid billing if he/she remains on home/therapeutic leave for more than fifteen (15) days.</p> <p>https://medicaid.ms.gov/wp-content/uploads/2017/12/MS-SPA-18-0001-Long-Term-Care-LTC-Updates-Public-Notice.pdf</p> | |
| MISSOURI | <p>Neither a resident nor the responsible party is required to pay a nursing facility to hold a bed. If the resident/responsible person chooses to, he/she may pay a nursing facility in order to reserve the same bed the participant is leaving. A nursing home has an obligation to inform a resident or the responsible person that paying them to hold a bed is voluntary. When a resident is transferred to a hospital, the nursing home is required, both by federal statute and by federal regulation, to readmit the resident immediately upon the first availability of a bed in a semiprivate room.</p> <p>http://manuals.momed.com/collections/collection_nur/Print.pdf</p> | <p>Residents may be gone from the facility overnight for up to twelve (12) nights in a six month period, to visit friends or relatives. The six-month period is January to June and July to December.</p> <p>The MO HealthNet Program reimburses the facility for therapeutic home reserve days provided the attending physician has documented approval in the patient's plan of care. The coverage of a temporary leave of absence includes those periods when a participant is away from the nursing home visiting a friend or relative. It does not apply to any days during which the participant is hospitalized except for the provision under hospital reserve days.</p> <p>http://manuals.momed.com/collections/collection_nur/Nursing_Home_Section13.pdf</p> | <p>Medicaid pays the full prospective per diem based on cost.</p> |
| MONTANA | <p>Medicaid covers hospital days if:</p> <ul style="list-style-type: none"> • All Medicaid certified beds in the facility are occupied or being held for a resident and is expected to return. • The facility has a current waiting list of potential residents for each bed claimed for reimbursement. • The cost of holding the bed is less costly than the cost of extending the hospital stay until an appropriate long term care bed would otherwise become available. <p>https://medicaidprovider.mt.gov/manuals/nursingfacilitymanual#515506134-covered-services</p> | <p>Medicaid covers an accumulative total of 24 days of therapeutic home visits in a fiscal year (July 1 - June 30).</p> <ul style="list-style-type: none"> • <i>Visits of 72 hours or less:</i> Providers must complete a monthly form when a resident is spending at least overnight but not more than 72 hours (3 days) at home. Prior authorization is not required. • Prior authorization is required for therapeutic home visits over 72 hours before the resident leaves the facility. <p>https://medicaidprovider.mt.gov/manuals/nursingfacilitymanual#515506134-covered-services</p> | <p>Prospective per diem using statewide price limits, acuity adjusted.</p> |
| NEBRASKA | <p>Hospital bedholding is limited to 15 days per hospitalization. Hospital bedholding does not apply if the transfer is to the following: NF, hospital NF, swing-bed, a Medicare-covered SNF stay, or to</p> | <p>Therapeutic leave bedholding is limited to 18 days per calendar year. Therapeutically-indicated home visits are overnight visits with relatives and friends or visits to participate in therapeutic or rehabilitative programs.</p> | <p>Full per diem reimbursement, bedholding days are</p> |

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| | <p>hospitalization following a Medicare-covered (SNF) stay.</p> <p>http://www.sos.ne.gov/rules-and-regs/regsearch/Rules/Health_and_Human_Services_System/Title-471/Chapter-12.pdf</p> | <p>A transfer from one facility to another does not begin a new 18-day period; the client's comprehensive care plan must provide for therapeutic leave; and facility staff must work with the client, the client's family, and/or guardian to plan the use of the allowed 18 days of therapeutic leave for the calendar year.</p> <p>Special Limits: When the limitation for therapeutic leave interferes with an approved therapeutic or rehabilitation program, the facility may submit a request for special limits of up to an additional six days per calendar year to the Medicaid Division.</p> <p>http://www.sos.state.ne.us/rules-and-regs/regsearch/Rules/Health_and_Human_Services_System/Title-471/Chapter-12.pdf</p> | <p>prorated when a client is a resident for a partial year.</p> |
| NEVADA | <p>Bed hold days are not paid for hospital transfers.</p> | <p>Nursing facilities will be reimbursed their per diem rate for reserving beds for Medicaid recipients who are absent from the facility on therapeutic leave up to a maximum of 24 days annually. A therapeutic leave must include therapeutic or rehabilitative home and community visits with relatives and friends. Therapeutic leave also includes leave used in preparation for discharge to community living.</p> <p>http://dhcfnv.gov/MSM/CH0500/MSM%20Ch%20500%20FINAL%2011-08-11.pdf</p> <p>file:///C:/Users/User/Desktop/MSM_500_16_08_11.pdf</p> | <p>Prospective price-based per diem.</p> |
| NEW HAMPSHIRE | <p>When a patient leaves a facility for emergency medical treatment the facility shall hold the bed open for the patient for 10 calendar days, if there is a reasonable expectation that the patient will return within 10 days and if the facility receives payment for the period of absence, provided that no town, city, county, or state funds shall be used for such payment.</p> <p>https://nhmmis.nh.gov/portals/wps/wcm/connect/f6b0c00043abd6acb07afe3a911edc0b/NH+Medicaid+Final+Rebranded+Nursing+Facility+Manual+1-17-18.pdf?MOD=AJPERES</p> | <p>"Therapeutic leave" means one or more days when the resident is absent from the nursing facility for reasons stipulated in the resident's plan of care, but not for purposes of hospitalization or transfer to another facility. A certified facility may bill as reserved bed days up to 30 days per resident per state fiscal year to reserve a bed provided that the following criteria are met:</p> <ul style="list-style-type: none"> • Such days shall be specified in the resident's plan of care; • The plan of care shall describe provisions for continuity of care while the resident is out of the facility; and • Such days shall not be for hospitalization or transfer to another facility. <p>http://www.belknapcounty.org/pages/BelknapCounty_nurse/leave</p> | <p>Prospective per diem based on cost, acuity adjusted.</p> |

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| <p>NEW JERSEY</p> | <p>Maximum of 10 hospital bed hold days per occurrence.</p> <p>https://blog.finkrosnerershow-levenberg.com/elder-law-news/tips-residents-rights-nursing-homes-bed-holds/</p> | <p>NFs are reimbursed for 24 days per calendar year for therapeutic leave.</p> <p>https://blog.finkrosnerershow-levenberg.com/elder-law-news/tips-residents-rights-nursing-homes-bed-holds/</p> | <p>Hosp leave days paid at 50% of per diem rate if the facility meets a 90% occupancy rate. Full prospective per diem if the facility meets a 90% occupancy rate.</p> |
| <p>NEW MEXICO</p> | <p>A. BEDHOLD: A resident who is on leave or temporarily discharged has expressed an intention to return to the facility under the terms of the admission policy for bedhold, shall not be denied readmission, if level of</p> <p>7.9.2 NMAC 18 care remains the same. B. LIMITATION: The facility shall hold a resident's bed until the resident returns, until the resident waives his right to have the bed held or until the maximum time allowable as defined by facility policies expires. The facility is responsible for notifying resident and/or family of their bedhold policy</p> <p>http://www.hpm.umn.edu/nhregsplus/NHRegs_by_State/New%20Mexico/NM%20Complete%20Regs.pdf</p> | <p>Medicaid covers three reserve bed days per calendar year for a brief home visit without prior approval. Medicaid covers an additional six reserve bed days per calendar year with prior approval to enable residents to adjust to a new environment, as part of the discharge plan. (1) A resident's discharge plan must clearly state the objectives, including how the home visits or visits to alternative placement relate to discharge implementation. (2) The prior approval request must include the resident's name, Medicaid number, requested approval dates, copy of the discharge plan, name and address for individuals who will care for the resident during the visit or placement and a written physician order for trial placement.</p> <p>http://www.hpm.umn.edu/nhregsplus/NHRegs_by_State/New%20Mexico/NM%20Complete%20Regs.pdf</p> | <p>Reimbursement for reserve bed days to the NF is limited to the rate applicable for the level of care medically necessary for the eligible resident, as determined and approved by MAD or its designee. The reserve bed day reimbursement is equal to 50 percent of the regular payment rate for Medicaid fee-for-service clients or as otherwise negotiated between the NF provider and the Medicaid designated contractor. Billing for reserve bed days is based on the nursing census, which runs from midnight to midnight. Under normal circumstance, Medicaid or the Medicaid designated contractor pays for the admission day, but not for the discharge day.</p> |
| <p>NEW YORK</p> | <p>Effective April 1, 2017, the New York State budget has eliminated the 50% Medicaid payment for bed-hold for residents' stay in hospitals. Therefore, DOH will no longer reimburse bed-hold days for facilities with a 95% or greater census upon such hospitalization a maximum of 14 days in a calendar year.</p> | <p>The DOH will maintain the 2012 enacted bed-hold rate cut necessary to achieve \$18M in annual savings (line 14 fo the Medicaid rate sheets). This change does not affect Therapeutic leaves and therefore facilities must continue to follow those rules for implementation. As such, Therapeutic leaves of absence (paid at 95% of Medicaid rate) remain intact, not to exceed 10 days per 12-month period.</p> | <p>Facilities are eligible to bill for a reserved beds only when the vacancy rate in the licensed capacity is less than or equal to 5%. The prospective daily rate is calculated specific to each facility, based on that</p> |

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| | http://update.nyshfa.org/en/1611953/1/6226/Alert-2017-18-Budget-has-Changed-the-SNF-Bed-Hold-Rules.htm | http://update.nyshfa.org/en/1611953/1/6226/Alert-2017-18-Budget-has-Changed-the-SNF-Bed-Hold-Rules.htm | facility's costs—as submitted in its Nursing Home Cost Report —and the mix of residents it serves. |
| NORTH CAROLINA | <p>When a resident must be hospitalized, the resident or responsible party may arrange to reserve the resident's bed in the nursing facility. Medicaid has no provision for bed hold; it is a private agreement between the resident or responsible party and the nursing facility. The admission contract must state the charge for bed hold and the resident must be notified of any changes as they are made.</p> <p>https://files.nc.gov/ncdma/documents/files/2B-1.pdf</p> | <p>Therapeutic leave must be provided as follows: a. Each Medicaid eligible resident who is occupying a nursing facility bed for which the N.C. Medicaid program is then paying reimbursement shall be entitled to take up to 60 days of therapeutic leave in any calendar year from any such bed, without the facility's suffering any loss of reimbursement during the period of leave. b. The taking of such leave must be for therapeutic purposes only, and must be ordered by the resident's attending physician. The necessity for such leave shall be documented in the resident's plan of care and therapeutic justification for each instance of such leave shall be entered into the resident's health record. c. Facilities shall reserve a therapeutically absent resident's bed for him or her, and are prohibited from deriving any Medicaid revenue for that resident other than the reimbursement for that bed during the period of absence. Facilities shall be reimbursed at their full current Medicaid bed rate for a bed reserved due to therapeutic leave. Facilities shall not be reimbursed for therapeutic leave days taken that exceed the legal limit. d. No more than 15 consecutive therapeutic leave days may be taken without approval of DMA. Note: The facility shall request prior approval on behalf of the beneficiary through DMA's fiscal agent for therapeutic leave that exceeds 15 consecutive days. e. The therapeutic justification for such absence is subject to review by the State or its agent during scheduled on-site medical reviews. f. For reference and audit purposes, facilities shall keep a cumulative record of therapeutic leave days taken by each resident. In addition, residents on therapeutic leave must be noted as such on the facility's midnight census. Facilities bill Medicaid for approved therapeutic leave days as regular residence days. g. The official record of therapeutic leave days taken for each resident must be maintained by the State or its agent.</p> <p>https://files.nc.gov/ncdma/documents/files/2B-1.pdf</p> | Facilities shall be reimbursed at their full current Medicaid bed rate for a bed reserved due to therapeutic leave. |
| NORTH DAKOTA | A maximum of 15 days per occurrence may be allowed for payment by the medical assistance program for hospital leave. | Therapeutic leave day" means any day that a resident is not in the facility, another nursing facility, swing bed facility, transitional care unit, sub-acute unit, an intermediate care facility for | The payment rate for allowed hospital leave days and therapeutic leave may |

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| | <p>A facility may not accept any payment to hold a bed prior to the admission of a resident.</p> <p>16. A facility shall readmit a resident whose leave exceeds the facility's bed hold period upon the first availability of a bed in a semi-private room if the resident:</p> <p>a. Requires the services provided by the facility; and</p> <p>b. Is eligible for medical assistance.</p> <p>http://www.nd.gov/dhs/services/medicalserv/medicaid/docs/nf-rate-setting-manual.pdf</p> | <p>individuals with intellectual disabilities, or an acute care setting, or, if not in an institutional setting, is not receiving home and community based waived services</p> <p>https://www.nd.gov/dhs/services/medicalserv/medicaid/docs/nf-rate-setting-manual.pdf</p> | <p>not exceed the established rate for case mix group PA1 (Reduced Physical Functioning).</p> |
| <p>OHIO</p> | <p>NF bed-hold day," also referred to as "NF leave day," means a day for which a bed is reserved for a NF resident while the resident is temporarily absent from the NF for hospitalization, therapeutic leave days, or visitation with friends or relatives. Payment for NF bed-hold days may be made only if the resident has the intent and ability to return to the same NF. A resident on NF bed-hold day status is not considered discharged from the NF</p> <p>http://codes.ohio.gov/oac/5160-3-16.4</p> | <p>(b) NF therapeutic leave days.</p> <p>(i) Any plan to use therapeutic leave days must be approved in advance by the resident's primary physician and documented in the resident's medical record. The documentation shall be available for viewing by the CDJFS and ODJFS staff; and</p> <p>(ii) A NF provider shall make arrangements for the resident to receive required care and services while on approved therapeutic leave, but Medicaid shall not pay for care and services that are included in Medicaid's continued payments, including but not limited to home health care, personal care services, durable medical equipment (DME), and private duty nursing.</p> <p>(c) Visits with friends or relatives.</p> <p>(i) Any plan for a limited absence to visit with friends or relatives must be approved in advance by the resident's primary physician and documented in the resident's medical record. The documentation shall be available for viewing by the CDJFS and ODJFS staff.</p> <p>(ii) The number of days per visit is flexible within the maximum NF bed-hold days, allowing for differences in the resident's physical condition, the type of visit, and travel time.</p> <p>(iii) The NF provider shall make arrangements for the resident to receive required care and services while on approved visits, but Medicaid shall not pay for care and services that are included in Medicaid's continued payments, including but not limited to home health care, personal care services, DME, and private duty nursing.</p> | <p>Reimbursement for NF bed-hold days shall be paid at fifty per cent of the NF provider's per diem rate. This reimbursement shall be considered payment in full, and the NF provider shall not seek supplemental payment from the resident.</p> |

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| | | (5) The number and frequency of NF bed-hold days used shall be considered in evaluating the continuing need of a resident for NF care. http://codes.ohio.gov/oac/5160-3-16.4 | |
| OKLAHOMA | Effective January 1, 1996, the nursing facility may receive payment for a maximum of five (5) days of hospital leave per calendar year for each recipient to reserve the bed when the patient is admitted to a licensed hospital. http://www.okhca.org/xPolicy.aspx?id=734 | Effective July 1, 1994, the nursing facility may receive payment for a maximum of seven (7) days of therapeutic leave per calendar year for each recipient to reserve the bed. http://www.okhca.org/xPolicy.aspx?id=734 | Prospective per diem based on cost and facility class, leave days paid 50% of per diem. |
| OREGON | Any time a resident is out of the facility past midnight and is expected to return, it is considered a Break in Service. A Break in Service includes, but is not limited to, a hospitalization and/or a leave of absence (i.e. overnight or extended stay with family or friends). Medicaid is not billed during these periods. http://www.dhs.state.or.us/policy/spd/rules/411_o85.pdf | | |
| PENNSYLVANIA | The Medical Assistance Program will reimburse a nursing facility to hold (reserve) a bed for a maximum of 15 consecutive days per hospitalization. http://dhs.pa.gov/cs/groups/webcontent/documents/form/s_002617.pdf | (2) <i>Therapeutic leave.</i> Payment for therapeutic leave days is limited as follows: (i) A recipient receiving skilled nursing care is eligible for a maximum of 15 days per calendar year for therapeutic leave outside the facility if the leave is included in the individual's plan of care and is ordered by the attending physician. (ii) A recipient receiving intermediate care is eligible for a maximum of 30 days per calendar year of therapeutic leave outside the facility if the leave is included in the individual's plan of care and is ordered by the attending physician. (iii) A recipient receiving intermediate care for the mentally retarded is eligible for a maximum of 75 days per calendar year for therapeutic leave outside the facility. (iv) A recipient receiving both skilled and intermediate level of care during the calendar year is eligible for a maximum of 30 days per calendar year for therapeutic leave. http://dhs.pa.gov/cs/groups/webcontent/documents/form/s_002617.pdf | Per diem using case-mix payment systemic, hosp leave days paid at 1/3 of nursing facility's rate and therapeutic leave days paid at full rate. |
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| <p>RHODE ISLAND</p> | <p>Does not reimburse for holding a bed for either hospital transfers or therapeutic leave. According to 19.18.1 iii) any nursing facility that accepts private payment for purposes of reserving a bed in the facility for a resident who is transferred from the facility for hospitalization or other institutional therapeutic leave, and that resident's medical and health care is being paid for by the state Medical Assistance Program, shall not charge an amount per day for reserving a bed in the facility that exceeds the facility's current Medicaid daily rate; for a minimum of the first five (5) days of said hospitalization or the institutional therapeutic leave.</p> <p>http://sos.ri.gov/documents/archives/regdocs/released/pdf/DOH/4215.pdf</p> | | |
| <p>SOUTH CAROLINA</p> | <p>While a resident is in an acute care hospital, DHHS will reserve his or her bed up to 10 calendar days as long as the hospital stay is expected to be short term and it is expected that the Medicaid resident will return to the same nursing facility.</p> <p>http://www.scdhhs.gov/internet/pdf/manuals/Nursing/Manual.pdf</p> | <p>Bed holds for therapeutic leave are authorized for 18 days each state fiscal year that runs from July 1 through June 30. Each period of leave may be for a maximum of nine days, and periods of leave may not be consecutive. A resident's plan of care must include the attending physician's authorization for home leave. Chart entries should include:</p> <ul style="list-style-type: none"> • The length of time for which the leave was approved • The goal of the leave • The results of the leave in relation to the goal upon the resident's return <p>Approved Rehabilitation: Bed holds for the purpose of a Medicaid resident's participation in an approved training program, such as a program sponsored through the South Carolina Department of Vocational Rehabilitation, are authorized for 30 days. For a leave of absence to be granted under this policy. The following conditions must be met for a leave of absence:</p> <ul style="list-style-type: none"> • A resident must have been formally accepted into an approved program. • The program must be prescribed by the attending physician. • Upon completion of the program, the results of the evaluation must be fully documented in the resident's chart. • The approved leave of absence cannot exceed 30 days. <p>http://www.scdhhs.gov/internet/pdf/manuals/Nursing/Manual.pdf</p> | <p>Prospective per diem based on cost using peer groups and assuming 96% occupancy, low volume facilities paid statewide average rate.</p> |
| <p>SOUTH DAKOTA</p> | <p>Reserve bed days are days that the recipient is absent from the nursing facility due to an inpatient hospital stay. Reserve bed days must be ordered by a physician. The recipient may be absent from the long-term care facility for a maximum of <u>five days</u>. Before additional reserve bed days may be taken,</p> | <p>Non-medical leave days are leave days from the long-term care facility for non-medical reasons (e.g., visits to the homes of family or friends). The attending physician must approve the leave and certify that the leave is not contrary to the patient's plan of care. The recipient may be absent from the long-term care facility for a maximum of <u>fifteen consecutive days</u>. Before any more</p> | <p>Prospective per diem based on cost, with limits.</p> |

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| | <p>the recipient must return to the facility for 24 hours.</p> <p>http://dss.sd.gov/sdmedx/docs/providers/LongTermCareManual.pdf</p> | <p>therapeutic leave days may be taken, the recipient must return to the facility for 24 hours.</p> <p>http://dss.sd.gov/sdmedx/docs/providers/LongTermCareManual.pdf</p> | |
| TENNESSEE | <p>For days not to exceed sixty (60) days per state fiscal year and limited to fourteen (14) days per occasion while the recipient, pursuant to physicians order, is absent from the facility on a therapeutic home visit or other therapeutic absence</p> <p>https://www.tn.gov/content/dam/tn/tenncare/documents/Requirements%20for%20Reimbursement%20for%20Bed%20Hold%20in%20ICFs-IID%20Memo.pdf</p> | | <p>Reimbursement for covered bed holds is the regular Medicaid per diem paid to the facility. Bed holds will only be covered if the facility's total occupancy level is at or above 85% on the first day of the patient's absence.</p> |
| TEXAS | <p>All recipient absences that are not therapeutic home visits (THVs) are treated as discharges.</p> <p>http://www.dads.state.tx.us/handbooks/MPM-LTCF/5000/5000.htm http://www.tmhp.com/LTC_Information_Letters/PL2016-14.pdf</p> | <p>Unless physicians' orders forbid it, Medicaid recipients are allowed to leave an NF on THVs at will. If the THV does not exceed three days, their Medicaid vendor payment continues.</p> <p>http://www.dads.state.tx.us/handbooks/MPM-LTCF/5000/5000.htm http://www.tmhp.com/LTC_Information_Letters/PL2016-14.pdf</p> | <p>Prospective per diem based on cost and acuity adjusted, higher rates for heavy care residents.</p> |
| UTAH | <p>A nursing facility certified under Title XIX will not receive payment for any day or days for which a bed is held while a resident is temporarily in a hospital.</p> <p>https://medicaid.utah.gov/Documents/manuals/pdfs/Medicaid%20Provider%20Manuals/Long%20Term%20Care/LongTermCare.pdf</p> | <p>Payment for therapeutic or rehabilitative leave of absence shall be limited to 12 days per calendar year for each resident of a nursing facility. Payment for additional leave of absence days may be authorized only with prior approval from the Division of Health Care Financing.</p> <p>https://medicaid.utah.gov/Documents/manuals/pdfs/Medicaid%20Provider%20Manuals/Long%20Term%20Care/LongTermCare.pdf</p> | <p>Prospective per diem based on cost with efficiency incentives, negotiated rates for heavy care residents.</p> |
| VERMONT | <p>Each resident has the right to retain his or her bed in the nursing home while absent from the facility due to hospitalization for up to ten days.</p> <p>http://www.dlp.vermont.gov/resident-rights</p> | <p>Residents may leave the nursing home for overnight visits (therapeutic home visits) for up to 24 days each year with bed hold.</p> <p>http://www.dlp.vermont.gov/resident-rights</p> | <p>Prospective per diem.</p> |

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| <p>VIRGINIA</p> | <p>Virginia Medicaid does not pay for any bed hold days when a nursing home resident is admitted to the hospital. Unless the resident or family chooses to pay to hold the specific bed, the facility has the right to offer the bed to another person. However, while the hospitalized resident may not be able to return to the same bed if it has already been filled, he or she still has the right to be readmitted to the same facility to the next available bed in a semi-private room, as long as the resident still requires nursing home care and is eligible for Medicaid nursing facility services. Virginia DMAS does cover up to 18 therapeutic leave days within a 12 month period. During these 18 days, Medicaid will pay to hold the bed of the resident if the leave is within the resident's plan of care and that is noted in the resident's chart. Therapeutic leave includes visits to relatives or friends or admission to a rehabilitation center for up to 7 days for evaluation, but it does not include admission to an inpatient hospital.</p> <p>https://www.valegalaid.org/files/E095B726-FCD8-81C1-17DC-A16C7ED73FFF/attachments/B1541E34-CD9B-9D2D-220D-58153B3D622A/363911readmission%20rights.pdf</p> | <p>Virginia DMAS does cover up to 18 therapeutic leave days within a 12 month period. During these 18 days, Medicaid will pay to hold the bed of the resident if the leave is within the resident's plan of care and that is noted in the resident's chart. Therapeutic leave includes visits to relatives or friends or admission to a rehabilitation center for up to 7 days for evaluation, but it does not include admission to an inpatient hospital.</p> <p>http://www.elderrightsva.org/questionsaboutseniorrightrights.aspx#r12</p> | <p>Prospective per diem based on cost and acuity adjusted.</p> |
| <p>WASHINGTON</p> | <p>The provider must hold the bed or unit for 20 days when the client is likely to return to the facility by the 20th day. After the 20th day, the unit or bed is available to others, unless a third party agrees to pay the provider to continue to hold the bed.</p> <p>http://www.aasa.dshs.wa.gov/professional/letters/bh/2003/03-015.htm</p> | <p>The department will pay the nursing facility for a Medicaid resident's social/therapeutic leave not to exceed a total of eighteen days per calendar year per resident. The department's home and community services may authorize social/therapeutic leave exceeding eighteen days per calendar year per resident when requested by the nursing facility or by the resident.</p> <p>http://www.aasa.dshs.wa.gov/professional/letters/bh/2003/03-015.htm</p> | <p>For each day the client is in the hospital or nursing home and the provider holds the unit or bed for his/her return, the department will pay:</p> <ul style="list-style-type: none"> • 1 to 7 days, 70% of the daily rate for the absent client • 8-20 days, \$10.43 a day. <p>Prospective per diem based on cost using peer groups, with efficiency incentives and assuming 85% occupancy. The Bureau for Medical Services (BMS)</p> |

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| | | | considers a nursing facility to be fully occupied if the midnight census the day before the transfer of a resident has 95% of the beds occupied and has a waiting list for admission. |
| WEST VIRGINIA | <p>A nursing facility may receive Medicaid per diem reimbursement to reserve a resident's bed during his/ her temporary absence from the facility. The maximum number of medical leave of absence days which may be reimbursed for an individual for a medical leave of absence is 12 days in a calendar year (January 1 through December 31).</p> <p>https://dhhr.wv.gov/bms/Provider/Documents/Manuals/bms-manuals-chapter_514_NursingFacility.pdf</p> | <p>A bed may be reserved for a therapeutic leave of absence such as a home visit and must be as a part of the resident's plan of care. The maximum number of therapeutic leave of absence days which may be reimbursed for an individual resident for a therapeutic leave of absence is six (6) days in a calendar year.</p> <p>http://www.dhhr.wv.gov/bms/news/Documents/Chapter_514_NursingFacility.pdf</p> | <p>Paid at the facility's established rate. The facility's occupancy must be 95% or greater the midnight before the resident leaves and there must be a waiting list for admission. A day of leave is defined as a continuous twenty-four (24) period. At the time the resident leaves the facility, the primary payer for services must be Medicaid.</p> |
| WISCONSIN | <p>Hospitalization bedhold days are reimbursable for up to 15 days per hospital stay. There is no limit on the number of stays per year.</p> <p>http://docs.legis.wisconsin.gov/code/admin_code/dhs/110/132/V/52</p> | <p>Therapeutic visits are overnight visits (one or more nights) by a member with relatives or friends. Bedhold days for therapeutic visits are reimbursable if the member requests leave days for a visit and if the member's physician approves the leave in the physician's plan of care for the member. This statement must include the rationale for and the anticipated goals of the leave, as well as any limitations on the frequency or duration of leaves.</p> <p>Bedhold days for a therapeutic or rehabilitative program are covered when, in the opinion of the member's physician, the program contributes to the member's mental, physical, or social development according to the member's plan of care. The program must meet the requirements of a therapeutic or rehabilitative program as defined in DHS 101.03(165), Wis. Admin. Code.</p> | <p>Leave days paid at 85% of facility's rate. The nursing home is required to have had an occupancy threshold of 95% for the previous month or to have had eight vacant beds or less in the previous month to qualify for bedhold coverage.</p> |
| WYOMING | <p>of Oct. 1, 2016 reserve bed days are no longer covered. Here is the notice of this change in policy –</p> <p>https://health.wyo.gov/wp-content/uploads/2016/02/NursingFacilityandSwingBedReserveBedDayPolicy.pdf</p> | | <p>Facilities receive the per diem rate for reserved bed days during temporary absences if an appropriate bed is not available during the time for which</p> |

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| | | reimbursement is sought. For purposes of this section, “appropriate bed” means a bed in an empty room or a bed in a vacant bed in a room occupied by a person of the same sex as the temporarily absent recipient. |
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Additional Resource:

Medicaid Benefits: Online Database (The Henry J. Kaiser Family Foundation www.kff.org)
<http://medicaidbenefits.kff.org/service.jsp?yr=5&cat=2&nt=on&sv=24&so=0&tg=0>

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