ADMINISTRATIVE DIRECTIVE

TRANSMITTAL: 96 ADM-1

DIVISION: Health and Long Term Care

TO: **Commissioners of Social Services**

DATE: January 9, 1996

SUBJECT: Payment for Reserved Beds in Medical Institutions: Clarification of Policy

SUGGESTED DISTRIBUTION:	Medical Assistance Staff Chronic Care Staff Staff Development Coordinators
CONTACT PERSON:	Loretta Grose, 1-800-343-8859, extension 4-9151 User ID AW0680
ATTACHMENTS:	Attachment I - Office of Health Systems Management - Regional Offices (Available On-Line)

FILING REFERENCES

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
79 ADM-45 78 ADM-64		505.9			42 CFR 447.40 DOH Health Facilities Memorandum 78-96

I. PURPOSE

This Directive informs social services district staff of revisions to Title XVIII of the Official Compilation of Codes, Rules and Regulations of the State of New York (18 NYCRR) 505.9, "Residential health care", and more specifically, 505.9(d), "Reserved bed days payment."

This ADM outlines the programmatic implications of the revisions as follows:

A. DEFINITION OF TERMINOLOGY;

B. CLARIFICATION OF EXISTING RESERVED BED DAYS PAYMENT POLICY;

C. LENGTH OF STAY AND VACANCY RATE REQUIREMENTS;

D. RESERVED BED PAYMENTS FOR RECIPIENTS WHO ARE TEMPORARILY HOSPITALIZED;

E. RESERVED BED PAYMENTS FOR RECIPIENTS WHO ARE ON THERAPEUTIC LEAVE OF ABSENCE;

F. PRIOR AUTHORIZATION FOR PAYMENT FOR RESERVED BED DAYS.

II. BACKGROUND

Previous regulation regarding payment for reserved beds in medical institutions was contained in 18 NYCRR 360.20, last amended in 1976. Since that time, changes in the Medical Assistance program have resulted in various departmental policy statements which attempted to clarify the intent of this regulation. This policy was revised and recodified as 18 NYCRR 505.9 in 1994. This directive defines the scope and purpose of bed reservation policy under the revised regulation.

III. PROGRAM IMPLICATIONS

A. DEFINITION OF TERMINOLOGY.

Certain terms which are commonly used in policy discussions regarding payment for reserved beds in medical institutions are defined as follows:

ACUTE CARE. Short term medical or psychiatric services provided in a hospital or psychiatric facility. These services are provided to alleviate a severe or life threatening condition.

ACUTE HOSPITALIZATION. Intensive short term medical care provided in a hospital setting.

ACUTE PSYCHIATRIC HOSPITALIZATION. Intensive short term psychiatric care provided in a psychiatric center.

ADMISSION. The formal acceptance by an institution of a patient who is to be provided with room, board, continuous nursing service and other institutional services while lodged in the institution (10 NYCRR 441.21).

ALTERNATE LEVEL OF CARE. Non acute hospital care provided to recipients awaiting placement in a nursing facility or in the community with home care services.

DISCHARGE. The termination of the lodging and the formal release of an in-patient by the institution. Since deaths are a termination of lodging, they are also an in-patient discharge (10 NYCRR 441.95).

DSS 2819-REQUEST FOR AUTHORIZATION TO CLAIM REIMBURSEMENT FOR BED RESERVATION FEES. State mandated form initiated by the residential health care facility and submitted to the recipient's district of fiscal responsibility. This form must be used by the nursing facility to claim Medicaid reimbursement for a recipient whose hospital stay exceeds 15 days. In general, reimbursement is not available if a recipient's hospitalization exceeds 20 days.

DSS 3017-STATUS OF BED RESERVATION. State mandated form initiated by the residential health care facility and submitted to the admitting hospital. This form notifies the hospital that the recipient's residential facility bed is being reserved and that the hospital must inform the residential facility of any change in the recipient's medical condition.

DSS-3559-LONG TERM CARE FACILITY REPORT OF MA RECIPIENT ADMISSION/READMISSION OR DISCHARGE/TRANSFER (NOTIFICATION OF CHANGE IN STATUS). State mandated form initiated by the residential health care facility and submitted to the recipient's district of fiscal responsibility. This form notifies the district of any change in the recipient's residential placement.

OFFICE OF HEALTH SYSTEMS MANAGEMENT (OHSM). Offices of the New York State Department of Health. A list of these offices and the counties in each catchment area is included as Attachment I.

PLAN OF CARE. Medical documentation established and maintained by a medical institution for each patient receiving medical services. The plan of care establishes the goals and objectives of the medical care and the treatment instituted to accomplish these goals.

PRIOR APPROVAL. Decision by the Commissioner of Health, the Commissioner of Mental Health, or the Commissioner of the Office of Mental Retardation/Developmental Disabilities or their designees that a requested bed reservation or bed reservation extension is appropriate and medically necessary.

PRIOR AUTHORIZATION. Decision by the appropriate social services office that reimbursement for a recipient's bed reservation or bed reservation extension is appropriate and required by the recipient's medical care plan. Prior authorization means that the social services office accepts conditional liability for payment of the reserved bed costs.

PRIORITY ADMISSION. A recipient, who does not have a bed reservation, discharged to an acute care facility from his/her original residential health care facility, should be given consideration by that residential health care facility over other Medicaid recipients awaiting placement, when the recipient is ready for discharge from the acute care facility.

READMISSION. A readmission is a recipient's re-entry into a medical facility where he/she had been an in-patient, after a short term absence or discharge.

REHABILITATION FACILITY. A facility which provides a program of multidisciplinary medical and restorative care; including but not limited to, rehabilitation nursing, physical therapy, occupational therapy, training in activities of daily living, speech therapy and prosthetic-orthotic services.

RESERVED BED DAY. A day for which the department will pay a medical institution to reserve a recipient's bed while he/she is temporarily hospitalized or on a leave of absence from the institution. A recipient must be absent from the institution overnight (at the time patient census is taken) for the day to be considered a reserved bed day.

RESIDENCY PERIOD. Number of days a recipient has resided in a facility since his/her initial admission.

RESIDENTIAL HEALTH CARE FACILITY (RHCF). A medical institution that is considered a permanent place of residence.

SPECIAL LIMITS. Exceptions extending the bed reservation period, which can be established on an individual case basis, for residents of an Intermediate Care Facility for the Mentally Retarded (ICF/MR), specialty hospital or Residential Treatment Facility (RTF) when the recipient's hospital stay would be longer than allowable limits.

SPECIALTY HOSPITAL. Facility which provides intensive care to individuals with developmental disability and health problems through an integrated combination of assessment services, active programming, continuing medical treatment, and residential arrangements. (14 NYCRR 680.1(a))

SPECIALTY UNITS. Discrete sections of a residential health care facility devoted to the care of a specific condition or established to provide a specialized treatment; i.e., head injury, AIDS, ventilator.

TEMPORARY ABSENCE. A short term hospitalization or period of therapeutic leave.

THERAPEUTIC LEAVE (LEAVE OF ABSENCE). Overnight absence(s) to visit friends or relatives or to participate in a medically acceptable therapeutic or rehabilitative plan of care.

TRANSFER. A short term change in a recipient's inpatient status, generally for a period of acute medical or psychiatric treatment.

VACANCY RATE. The ratio of empty to total beds in a residential health care facility. When computing the vacancy rate, a facility must disregard beds reserved for other residents. Within facilities having specialty units with distinct admissions criteria and separate rates (i.e., an AIDS unit or ventilator dependent unit) the vacancy rate is calculated within each unit, not across the entire facility.

B. CLARIFICATION OF EXISTING RESERVED BED DAYS PAYMENT POLICY.

1) What specific types of medical facilities can be reimbursed for a bed reservation?

The following types of facilities may receive reimbursement for bed reservations under the Medicaid program: nursing facilities (NFs); Intermediate Care Facilities for the Mentally Retarded; specialty hospitals; Residential Treatment Facilities; psychiatric facilities or the psychiatric unit of a general hospital; rehabilitation facilities or the rehabilitation unit of a general hospital; and, a hospice for individuals residing in nursing facilities who are in receipt of hospice services.

2) To what types of facilities must a recipient be discharged in order for a bed reservation to be appropriate?

In general, a recipient must be discharged to an acute medical setting and the absence must be of a temporary nature in order for bed reservation reimbursement to be claimed. The following types of facilities are appropriate for discharge: an acute general hospital, including the psychiatric unit of an acute general hospital; an acute psychiatric hospital or medical center.

3) When a recipient is discharged and a bed reservation is initiated, must the recipient's specific bed and room be reserved?

Yes, the specific bed and room must be reserved unless medically contraindicated.

4) What criteria should a facility use in determining the appropriateness of initiating a bed reservation?

A bed reservation should be initiated if it is expected that the recipient will return to the facility within 15 days and the recipient desires that the bed be reserved.

5) How many reserved bed days are available for each period of hospitalization?

Initially, a nursing facility bed may be reserved for up to 15 days. If the recipient is not able to return to the facility by the 15th day, but it is expected that a return within 20 days is possible, then an additional 5 days may be requested. Days over the initial 15 require prior approval of continued medical necessity of care from the Office of Health Systems Management (OHSM). A 15 day extension for a total reservation period of 30 days is permitted for recipients residing in a RTF who are hospitalized for acute psychiatric care. Prior approval of continued medical necessity of care for this extension must be obtained from the Commissioner of Mental Health or his/her designee.

6) **May a facility utilize a reserved bed if Medicaid is reimbursing the facility for the bed reservation?**
No, the recipient's bed must remain vacant if bed reservation reimbursement is claimed.

7) **What rate is paid to a facility for the period of bed reservation?**
Facilities are paid at their provider specific Medicaid per diem rate.

8) **Can a recipient, who is being discharged to an acute setting, request that the facility bed not be reserved? Can the recipient's family make this request? Can the recipient or family make this request during the period of bed reservation?**
A recipient, or responsible party, can request that the facility bed not be reserved. This request must be made at the time of discharge to the acute facility. The recipient cannot request that the reservation be terminated during the period of bed hold, as the facility would be eligible for reimbursement and the reserved bed would be considered the first available bed.

9) **If a recipient's period of hospitalization extends beyond the 20 day limitation, can the family pay privately to hold the bed?**
Yes, an interested party or a family member, other than a spouse, may pay privately to reserve the recipient's bed.

10) **What rate is charged in the case of private payment beyond the 20 days?**
Reimbursement arrangements are established between the family and the facility.

11) **Can funds be drawn from the recipient's Personal Needs Account for this purpose?**
Yes, but only with the consent of the recipient or responsible party.

12) **Should the DSS 3559, LONG TERM CARE FACILITY REPORT OF MEDICAID RECIPIENT ADMISSION/READMISSION OR DISCHARGE/TRANSFER (NOTIFICATION OF CHANGE IN STATUS) be utilized in the bed reservation process and, if so, for what purpose?**
Yes, this form should be utilized by the residential health care facility to notify the district of any change in the recipient's residential status, such as a hospital admission or transfer to another nursing facility. This form must be utilized in all Medicaid transfers, regardless of bed reservation status.

13) **Should the DSS 2974, MONTHLY REPORT OF PATIENT/RESIDENT ABSENCES be utilized in the bed reservation process?**
This specific form is obsolete, however the regulations require that each RHCF maintain an absence register for each recipient absent after the facility's normal census taking hour.

C. LENGTH OF STAY AND VACANCY REQUIREMENTS.

14) How long must a recipient be resident of a facility before the bed can be reserved during a period of hospitalization or therapeutic leave?
In general, a recipient must be a resident of a facility for 30 days since the date of initial admission before reimbursement is available for bed reservations. Days do not have to be consecutive but must be within the same facility to be considered a valid period of residency. In the case of residential treatment facilities, psychiatric facilities and psychiatric units of a general hospital, a recipient must be resident for 15 consecutive days before a bed can be reserved.

15) What is the rationale for the 30 day residency period?
The intent of current bed reservation policy is to provide reimbursement which permits a recipient to return to a residential health care facility where he/she has lived for a considerable period of time and which is considered his or her home. The regulation allowing bed reservation payments for recipients who have resided in a facility for a period of 30 days recognizes this consideration.

16) The following examples clarify specific points of the residency requirement:

Residency Example: A recipient is discharged to home after a facility stay of over 30 days. The home discharge does not work out and the recipient is readmitted to the original NF. Is another 30 day residency period required?
Yes. In this case, discharge was intended to be permanent, so the recipient's home became the permanent residence. A new 30 day period must be counted to again establish the NF as the recipient's home.

Residency Example: A facility has specialty units within one physical location. A recipient spends 20 days in an AIDS Unit and 15 days in a regular NF unit. Is the residency requirement met?
Yes, the residency requirement has been met as long as the units are physically co-located. The residency requirement would not have been met if the specialty units were located within two distinct, non-contiguous buildings.

Residency Example: A long time nursing facility resident is hospitalized. In this case, the stay exceeds 20 days and the bed reservation is terminated. The recipient is subsequently readmitted to the original facility. Is another 30 day residency period required for future bed holds?
No, the hospital was not intended to be a place of permanent discharge. Therefore, the recipient's original facility would still be considered the permanent residence. Residency was only temporarily interrupted by the hospital stay.

Residency Example: A private pay patient is admitted to a facility, remains a few days and is then discharged to a hospital for an acute stay. The family pays privately to reserve the patient's nursing facility bed. The patient is readmitted to the facility after a short hospitalization. When this patient subsequently becomes a Medicaid recipient, from what date should residency be calculated?

In this case, residency should be calculated from the date of the patient's original admission as private pay. The recipient was a permanent resident from the initial date of admission. Residency was interrupted by a short acute stay and the bed was reserved during this period of absence. A temporary absence, 15 days or less, can be included in determining the residency requirement.

17) **What vacancy rate must exist within a facility before reimbursement can be claimed for a recipient's bed reservation?**
A facility must have a vacancy rate of no more than 5% before bed reservation fees may be claimed. There is no vacancy rate requirement for psychiatric facilities, psychiatric units of general hospitals, rehabilitation facilities, rehabilitation units of general hospitals or ICFs/MR with more than 30 beds.

18) **How is the vacancy rate calculated in a facility with specialty units (i.e., regular nursing care and an AIDS unit)?**
The vacancy rate should be calculated within specialty units as long as each unit has distinct admissions criteria and a separate per diem rate. This means that a vacancy rate is calculated for each discrete unit; i.e., AIDS, head injury, regular geriatric nursing care, ventilator dependent. In this way, the units with high vacancy rates will not affect the facility's overall rate.

19) **If a 100 bed facility has 6 vacant beds on the date of a male recipient's discharge, but none which the facility considers as being available for a male patient, can the facility reserve the recipient's bed and claim a bed reservation fee?**
No, a 100 bed facility cannot have more than 5 vacant beds on the date of a recipient's discharge to be eligible to receive bed reservation fees.

20) **During a period of hospitalization of a recipient discharged on a day when the facility had more than a 5% vacancy rate, the occupancy situation changes resulting in a vacancy rate of less than 5%. May the facility reserve the bed retroactively because of this change in vacancy rate?**
No, a bed may be reserved only when occupancy criteria is met on the date of the recipient's discharge.

21) **If the bed of a private pay patient is being reserved during a temporary absence, should this bed be considered as vacant when calculating the vacancy rate under Medicaid bed reservation criteria?**
No, for the purposes of calculating vacancy rates, a bed being reserved for a patient, whatever the source of payment, should not be considered a vacant bed.

D. RESERVED BED PAYMENTS FOR RECIPIENTS WHO ARE TEMPORARILY HOSPITALIZED.

22) May a facility be reimbursed by Medicaid for a bed reservation if the recipient's care is being covered by Medicare?
Only if specific circumstances exist. Current regulations at 505.9(d)(4)(iv) provide that, for recipients with Medicare as the primary payor, no reserved bed payment may be made unless the recipient was a resident of the facility for the 30 days

immediately preceding the hospitalization which resulted in the current Medicare coverage. A recipient who enters the facility as Medicare covered and remains so until a period of acute hospitalization is not eligible for reserved bed payment as there was no 30 day period of residency prior to the hospitalization which resulted in the current Medicare coverage. The following examples should clarify this policy:

Example 1: A recipient is admitted to a nursing facility for the first time on 4/1/95. The recipient remains in the facility for 43 days and Medicare is the primary payor for this entire period. On the 44th day, the recipient requires hospitalization. Medicaid cannot pay for a bed reservation as the recipient did not have 30 days of residency prior to 4/1/95. However, if Medicaid had become the primary payor on the 43rd day, bed reservation payment would be available as the recipient had now been a patient in the nursing facility for at least 30 days immediately before the hospitalization which resulted in the current Medicare coverage.

Example 2: A recipient was a nursing facility patient for 30 or more days, regardless of payor, and now requires acute hospitalization. On returning from the hospital, Medicare becomes the primary payor. Several days later, with Medicare remaining the primary payor, the recipient again requires hospitalization. In this situation, Medicaid reimbursement for bed reservation days is available as the recipient was a resident of the nursing facility for 30 days prior to the period currently covered by Medicare.

23) Is there any limitation on the number of times a recipient's bed may be reserved for periods of hospitalization?
No, limitations do not apply as long as appropriate residency and vacancy requirements are met and there is at least one day of residential health care facility reimbursement between each reserved bed period.

24) How long after a recipient's return to the facility can another bed reservation be requested?
A bed reservation can be requested any time after the recipient's formal readmission to the residential health care facility. The facility claim must show a readmission so that the series of bed reservation days are divided into two discrete 15/20 day segments.

25) Can a bed be reserved for a long time resident of a facility who is pending MA eligibility?
Yes, a retroactive authorization of Medicaid eligibility is an authorization for full benefits under the program. Therefore, the facility may reserve the bed if residency and vacancy requirements are met. However, the facility reserving the bed on the basis of pending eligibility does run the risk that the recipient may ultimately be found ineligible for Medicaid or found eligible for a period which does not include the period of bed reservation.

26) Can a facility claim bed reservation reimbursement for the day they were notified of termination due to the recipient's inability to return to the facility?
Yes. Reimbursement is available in this case.

27) Can a facility claim bed reservation reimbursement for a recipient's day of death while hospitalized?
No, the day of death is considered the day of discharge. A facility may not claim a bed reservation fee for this day.

28) If a recipient loses a bed reservation due to a hospital stay in excess of 20 days, must the original facility assure priority admission for the recipient? For how long?
A Medicaid recipient must be given readmission priority at the originating facility for the entire period of the acute institutional stay. The hospital is allowed to suspend contact with other facilities for the patient awaiting return to his/her originating facility as long as there are other hospitalized recipients awaiting alternate care placement who may fill beds which become available in other facilities. If there are no other hospitalized recipients awaiting facility placement, then the recipient must accept the first available bed.

29) May a facility refuse to consider a recipient for readmission from a temporary absence because bed reservation payments were not available? For example, the recipient did not have a 30 day period of residency in the facility at the time of the temporary discharge.
No, a Medicaid recipient discharged from his/her original facility must be given priority by that facility over other Medicaid recipients awaiting placement.

E. RESERVED BED PAYMENTS FOR RECIPIENTS WHO ARE ON THERAPEUTIC LEAVE OF ABSENCE.

30) Do residency requirements and vacancy rate calculations also apply when reviewing requests for therapeutic leave?
Yes, a recipient must be a resident of a facility for 30 days before approval for reimbursement of therapeutic leave can be granted. In addition, a facility must have a vacancy rate of no more than 5% before approval for reimbursement of therapeutic leave can be granted. Recipients residing in RTFs or psychiatric units of general hospitals must have a residency period of at least 15 consecutive days. There is no vacancy rate requirement for psychiatric facilities, psychiatric units of general hospitals, rehabilitation facilities, rehabilitation units of general hospitals or ICFs/MR with more than 30 beds.

31) Can reimbursement for therapeutic leave be granted if therapeutic leave is not included in the recipient's care plan?
No, therapeutic leave must be included in the care plan if the facility is seeking Medicaid reimbursement for the period of the therapeutic leave.

32) How many days of therapeutic leave are available to a nursing facility recipient per year?
A recipient residing in a nursing facility may receive 18 days of therapeutic leave within a 12 month period.

33) How is this 12 month period calculated?
The 12 month period is calculated retrospectively. When a recipient requests a therapeutic leave day, the facility must calculate the number of leave days utilized by the recipient in the 12 month period immediately prior to the date of the proposed leave. If the recipient would be utilizing more than the 18 days available during this 12 month period, then prior approval by the OHSM Prior Approval Unit, in accordance with the recipient's medical care plan, may be required for the entire leave or a portion of the leave. The following example clarifies this policy:

Proposed Leave Dates	2/1/95-2/10/95	10 Days
Days Used During Previous 12 months	1/1/95-1/3/95	3 Days
	12/24/94-12/26/94	3 Days
	10/1/94-10/3/94	3 Days
	7/1/94-7/6/94	6 Days
Total Days Proposed and Used		25 Days

Prior approval is required for the period 2/4/95 through 2/10/95 since this portion of the proposed leave exceeds the 18 day limitation.

34) How does a nursing facility obtain prior approval when a requested leave is in excess of the 18 day limitation?
The nursing facility must obtain prior approval for days in excess of the 18 day limitation by contacting the OHSM Prior Approval Office. Prior approval of extended therapeutic leave is granted based on affirmation of medical need as documented in the patient's plan of care. A list of the OHSM Prior Approval offices is included as Attachment I of this directive.

35) **What limitations on therapeutic leave exist for recipients residing in other types of RHCFs?**
There is no limitation on number of days available for therapeutic leave for recipients residing in an ICF/MR or specialty hospital. No prior approval is required for any period of therapeutic leave. For a recipient residing in a RTF, prior approval, based on medical need as documented in the patient care plan, is required from the Office of Mental Health for days which exceed 75 in any 12 month period or which exceed 4 days per single leave.

36) **If a recipient is absent from a facility overnight due to necessary travel in conjunction with medical testing at a facility not providing inpatient services, may the bed be reserved under the leave of absence provisions and is the period reimbursable?**
Yes, this type of absence is for therapeutic reasons and is reimbursable under the leave of absence provisions.

37) **Can a facility claim bed reservation reimbursement for a recipient's day of death while on therapeutic leave?**
No, the day of death is considered the day of discharge. A facility may not claim a bed reservation fee for this day.

38) **Can therapeutic leave be approved if the leave is to be spent outside the United States?**
Yes, as long as vacancy and residency requirements are met and the provision for therapeutic leave is included in the recipient's medical care plan. Recipients traveling outside the United States should be aware that Medicaid reimbursement for medical services may be limited.

39) **Can a recipient or family member request that either the facility or Medicaid program pay for medical services required by the recipient during a period of therapeutic leave?**
Medical expenses incurred during therapeutic leave should be planned for in advance. If the recipient requires nursing care, therapies, or home health aides, the facility should be responsible for the cost. The Medicaid per diem rate paid to the facility includes these types of services and the facility can reasonably be expected to anticipate these costs. Medical expenses which cannot be anticipated and are outside the facility's per diem rate, such as emergency room services, are eligible for fee for service reimbursement.

IV. REQUIRED ACTION

Social services districts are to utilize the policy clarifications contained in this directive when reviewing requests for payment for bed reservations.

V. SYSTEMS IMPLICATIONS

None.

VI. EFFECTIVE DATE

This directive is effective January 15, 1996

Richard T. Cody
Deputy Commissioner
Division of Health and Long Term Care

ATTACHMENT I

OFFICE OF HEALTH SYSTEMS MANAGEMENT

The appropriate Prior Approval office of the Office of Health Systems Management should be contacted when requesting Prior Approval for therapeutic leave of absence or bed reservation for nursing facility residents. Prior approval is granted after an assessment of medical necessity of the requested service. The need for therapeutic leave of absence must be documented in the patient's medical care plan. Prior approval of a bed reservation extension is granted after an assessment of the hospitalized patient's medical condition.

NORTHEASTERN AND ROCHESTER AREAS

Albany MMIS Prior Approval Unit
121 State Street - 3rd Floor
Albany, New York 12207
518-474-3575

BUFFALO AREA OFFICE

584 Delaware Avenue
Buffalo, New York 14202
716-847-4324

SYRACUSE AREA OFFICE

677 South Salina Street
Syracuse, New York 13202
315-426-7666

NEW ROCHELLE AREA OFFICE

145 Huguenot Street - 6th Floor
New Rochelle, New York 10801
914-632-3716

NEW YORK CITY AREA OFFICE

5 Penn Plaza - 5th Floor
New York, New York 10001-1803
212-613-2500