

405 IAC 5-13-6

Sec. 6. (a) Medicaid reimbursement is available for reserving beds in an ICF/MR for Medicaid recipients, at one-half (1/2) the regular per diem rate, when one (1) of the following conditions is present:

- (1) Hospitalization must be ordered by the physician for treatment of an acute condition that cannot be treated in the facility. The total length of time allowed for payment of a reserved bed for a single hospital stay shall be fifteen (15) days. If the recipient requires hospitalization longer than the fifteen (15) consecutive days, the recipient must be discharge from the facility. If the recipient is discharged from the ICF/MR following a hospitalization in excess of fifteen (15) consecutive days, the ICF/MR is still responsible for appropriate discharge planning if the ICF/MR does not intend to provide ongoing services following the hospitalization for those individuals who continue to require ICF/MR level of services. A physician's order for hospitalization must be maintained in the recipient's file at the facility. *Upon discharge from the hospital, the individual J.H. retains readmission rights to the ICF/MR.*
 - (2) A leave of absence must be for therapeutic reasons, as prescribed by the attending physician and as indicated in the recipient's habilitation plan. The total length of time allotted for therapeutic leaves in any calendar year shall be sixty (60) days per recipient residing in an ICF/MR. The leave days need not be consecutive. If the recipient is absent for more than sixty (60) days per year, no further Medicaid reimbursement shall be available for reserving a bed for that recipient in that year. A physician's order for the therapeutic leave must be maintained in the recipient's file at the facility.
- (b) Although prior authorization is not required to reserve a bed, a physician's order for the hospitalization or leave must be maintained in the recipient's file at the ICF/MR to obtain reimbursement at the reserved rate.
- (c) If readmission is required, guidelines should be followed as outlined in admission procedures in section 7 and 8 of this rule.

State: Indiana

Attachment 4.19C
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TN: 10-013
Supersedes
TN: 01-017

Approval Date: _____
MAR - 4 2011

Effective Date: February 1, 2011

Payment for Reservation of Beds (continued)

In a Psychiatric Hospital:

Medicaid reimbursement is available for reserving beds in a psychiatric hospital (and not in a general acute care hospital) for Medicaid recipients at one-half the regular per diem rate under the following criteria set out in 405 IAC 1-6-9(m):

- (1) Hospitalization is ordered by the physician for treatment of an acute condition that cannot be treated in the facility.
- (2) The total length of time allowed for payment of a reserved bed for a single hospital stay is fifteen days. If the recipient requires hospitalization longer than fifteen consecutive days, the recipient must be discharged from the facility.
- (3) A physician's order for the hospitalization must be maintained in the recipient's file at the facility.

TN # 95-021
Supersedes
TN # -

Approval Date 11/1/95

Effective Date 7/1/95

For Hospice Recipients who reside in nursing facilities

405 IAC 5-34-12 is amended to read as follows:

Sec. 12. (a) Although it is not mandatory for providers to reserve beds, Medicaid will reimburse for reserving nursing facility beds for hospice recipients at one-half (1/2) the room and board payment provided that the criteria as set out in this SECTION are met.

(b) Hospitalization must be ordered by the hospice physician for treatment of an acute condition that cannot be treated in the nursing facility by the hospice provider. The maximum length of time allowed for payment of a reserved bed for a single hospital stay is fifteen (15) days.

(c) A leave of absence must be for therapeutic reasons, as prescribed by the hospice attending physician and as indicated in the hospice recipient's plan of care. The maximum length of time allotted for therapeutic leave in any calendar year is limited to eighteen (18) days, which need not be consecutive.

(d) Although prior authorization by the office is not required to reserve a bed, the hospice recipient's physician's order for the hospitalization or therapeutic leave must be on file in the nursing facility.

(e) In no instance will Medicaid reimburse a nursing facility for reserving nursing facility beds for hospice Medicaid recipients when the nursing facility has an occupancy rate of less than ninety percent (90%). For purposes of this rule, the occupancy rate shall be determined by dividing the total number of residents in licensed beds, excluding residential beds, in the nursing facility taken from the midnight census as of the day that a Medicaid hospice recipient takes a leave of absence, by the total number of licensed nursing facility beds, excluding residential beds.