

STATE OF LOUISIANA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS FOR PAYMENT FOR RESERVING BEDS DURING A BENEFICIARY’S ABSENCE FROM AN INPATIENT FACILITY

CITATION

42 CFR 447.40

PAYMENT FOR RESERVATION OF BEDS

A temporary absence of a beneficiary from a facility (nursing facility or ICF/IID) will not interrupt the monthly vendor payment to the facility, provided the facility keeps a bed available for the beneficiary subject to the limitations outlined in I and II below.

The period of absence is determined by counting, as the first day of absence, the day the beneficiary left the facility. Only a period of 24 hours or more shall be considered an absence. Absences for 23 hours or fewer, on a consistent basis, could jeopardize continued medical certification for the resident.

The Louisiana Department of Health, Health Standards Section, shall determine whether hospitalization is for an acute condition or if a beneficiary's plan of care provides for leaves of absence.

I. Leave Days for Residents of ICF/IID Facilities

- A. For residents of ICF/IID facilities, the bed is reserved for up to seven days per hospitalization for treatment of an acute condition. Hospital leave days are reimbursed at 85 percent of the current applicable ICF/IID per diem rate.
- B. The bed of a resident of an ICF/IID facility is reserved for up to 60 leave of absence days per beneficiary per state fiscal year, with a 45-day limit per temporary absence per beneficiary when permitted by the beneficiary's plan of care. A leave of absence is any temporary stay outside of the facility provided for in the beneficiary's plan of care. The count of utilized leave days begins on July 1 of each year and runs through June 30 of the following year.

Leave days covered under the 60-day limit include visits with relative(s) or friend(s) and camp days. Leave days for the following purposes will be excluded from the annual 60-day limit, but are still limited to 45 days per occurrence per beneficiary, and shall be included in the written plan of care:

- (1) Special Olympics;
- (2) Road Runners Club of America events, including but not limited to events intended to raise money to help ICF/IID beneficiaries participate in the Special Olympics;
- (3) Louisiana planned conferences such as, but not limited to, those sponsored by the Community Residential Services Association (CRSA), a consumer driven support system that advocates choices for persons with disabilities;
- (4) Trial discharge leaves - 14 days per occurrence;
- (5) Official state holidays; and
- (6) Two days for bereavement of close family members, as outlined below:

parent	stepparent	stepsister
child	stepchild	grandparent
spouse	mother-in-law	grandchild
brother	father-in-law	
sister	stepbrother	

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- C. Any leave of absence during a federal public health emergency, declared by the Department of Health and Human Services (HHS) will be excluded from both the annual day limit and the consecutive day limit, as long as the leave of absence is included in the written plan of care.
- D. Effective for dates of service on or after July 15, 2022 the reimbursement to non-state ICF/IID for leave of absence days is 85 percent of the current applicable per diem rate.

II. Leave Days for Residents of Nursing Facilities

- A. For each Medicaid beneficiary, nursing facilities shall be reimbursed for up to seven hospital leave of absence days per occurrence per year, and 15 home leave of absence days per year when permitted by the beneficiary's plan of care. These days are recomputed annually beginning on January 1 of each year.
- B. The reimbursement for hospital leave of absence days is 75 percent of the applicable per diem rate.
- C. Nursing facilities with occupancy rates under 90 percent. Effective for dates of service on or after February 20, 2009, reimbursement for hospital and home leave of absence days will be reduced to 10 percent of the applicable per diem rate in addition to the nursing facility provider fee.
- D. Nursing facilities with occupancy rates equal to 90 percent or greater.
 - 1. Effective for dates of service on or after February 20, 2009, the reimbursement paid for home leave of absence days will be reduced to 90 percent of the applicable per diem rate, which includes the nursing facility provider fee.
 - 2. Effective for dates of service on or after March 1, 2009, the reimbursement for hospital leave of absence days shall be 90 percent of the applicable per diem rate, which includes the nursing facility provider fee.
 - 3. Effective for dates of service on or after July 1, 2013, the reimbursement paid for leave of absence days shall be 10 percent of the applicable per diem rate in addition to the provider fee amount. The provider fee amount shall be excluded from the calculations when determining the leave of absence days payment amount.
- E. Occupancy percentages will be determined from the average annual occupancy rate as reflected in the Louisiana Inventory of Nursing Home Bed Utilization Report published from the period six months prior to the beginning of the current rate quarter. Occupancy percentages will be updated quarterly when new rates are loaded and shall be in effect for the entire quarter.

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- F. The bed of a nursing facility resident may be reserved when an evacuation is required by the appropriate parish or state official.
1. A temporary leave of absence due to evacuation must meet all of the following criteria:
 - a. The temporary leave of absence cannot exceed 30 days for each evacuation occurrence required by the appropriate parish or state official. Temporary absences beyond 30 days require prior approval by the Secretary of the Department.
 - b. The temporary leave of absence for evacuations must be included in the resident's plan of care.
 - c. The nursing facility must have a bed hold policy.

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The temporary leave of absence will continue until the resident is either discharged; admitted to another licensed Medicaid provider; or does not return to the nursing facility within 30 days, or a longer period if prior approval is obtained from the Secretary of the Department.

2. Payment for a temporary leave of absence due to evacuations includes two components:
 - A. *Case-Mix Per Diem Rate*

The evacuating nursing facility will receive their case-mix nursing facility per diem rate for the length of the temporary leave of absence, within the above limitations.
 - B. *Additional Cost Evacuated Nursing Facilities Incur Facilitating the temporary leave of absence.*

Additional expenses directly related to facilitating a temporary leave of absence necessitated by an evacuation are eligible for payment in addition to the case-mix nursing facility per diem rate.

3. Nursing Facilities Evacuation and Temporary Sheltering Costs
 - A. Certified, licensed nursing facilities required to participate in an evacuation, as directed by the appropriate parish or state official, or which act as a host shelter site may be entitled to reimbursement of its documented and allowable evacuation and temporary sheltering costs.
 1. The expense incurred must be in excess of any existing or anticipated reimbursement from any other sources, including the Federal Emergency Management Agency (FEMA) or its successor.
 2. Nursing facilities must first apply for evacuation or sheltering reimbursement from all other sources and request that the Department apply for FEMA assistance on their behalf.
 3. Nursing facilities must submit expense and reimbursement documentation directly related to the evacuation or temporary sheltering of Medicaid residents to the Department.
 - B. Eligible expenses for reimbursement must occur as a result of an evacuation and be reasonable, necessary, and proper. Eligible expenses are subject to audit at the Department's discretion and may include the following:
 1. Evacuation expenses include expenses from the date of evacuation to the date of arrival at a temporary shelter or another nursing facility. Evacuation expenses may include:
 - a. resident transportation expenses during travel;
 - b. nursing staff expenses when accompanying residents, including:
 - i. transportation; and
 - ii. additional direct care expenses, when a direct care expense increase of 10 percent or more is documented:
 - (a). the direct care expense increase must be based on a comparison to the average of the previous two pay periods or other period comparisons determined acceptable by the Department;

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- c. any additional allowable costs that are directly related to the evacuation and that would normally be allowed under the nursing facility case-mix rate methodology
2. Non-nursing facility temporary sheltering expenses include expenses from the date the Medicaid residents arrive at a licensed, certified non-nursing facility temporary shelter to the date all Medicaid residents leave the shelter. A non-nursing facility temporary shelter includes Medicare/Medicaid-licensed facilities and non-licensed facilities that are not part of a licensed nursing facility and are not billing for the residents under the nursing facility reimbursement methodology or any other Medicaid reimbursement system. Non-nursing facility temporary sheltering expenses may include:
 - a. additional nursing staff expenses including:
 - i. additional direct care expenses, when a direct care expense increase of 10 percent or more is documented:
 - (a). the direct care expense increase must be based on a comparison to the average of the previous two pay periods or other period comparisons determined acceptable by the Department;
 - b. care-related expenses incurred in excess of care-related expenses prior to the evacuation;
 - c. additional medically necessary equipment such as beds and portable ventilators that are not available from the evacuating nursing facility and are rented or purchased specifically for the temporary sheltered residents; and
 - i. these expenses will be capped at a daily rental fee not to exceed the total purchase price of the item; and
 - ii. the allowable daily rental fee will be determined by the Department;
 - d. subject to the restriction at (e) below, any additional allowable costs as determined by the Department and that are directly related to the temporary sheltering and that would normally be allowed under the nursing facility case-mix rate methodology.
 - e. Reimbursement for room and board costs is not available when beneficiaries are sheltered at facilities not licensed as Medicare/Medicaid providers.
 3. For reimbursement purposes only, the host nursing facility temporary sheltering expenses include expenses from the date the Medicaid residents are accepted to a licensed nursing facility to the date all temporary sheltered Medicaid residents are admitted to a the licensed nursing facility.
 - a. The host nursing facility shall bill for the residents under Medicaid's nursing facility case-mix reimbursement methodology.
 - b. Additional direct care expenses may be submitted when a direct care expense increase of 10 percent or more is documented.
 - i. The direct care expense increase must be based on a comparison to the average of the previous two pay periods or other period comparisons determined acceptable by the Department.

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**Intermediate Care Facilities for Individuals with Intellectual Disabilities
Evacuation and Temporary Sheltering Costs**

- A. Certified, licensed intermediate care facilities for persons with intellectual disabilities (ICFs/IID) required to participate in an evacuation, as directed by the appropriate parish or state official, or which act as a host shelter site may be entitled to reimbursement of its documented and allowable evacuation and temporary sheltering costs.
1. The expense incurred must be in excess of any existing or anticipated reimbursement from any other sources, including the Federal Emergency Management Agency (FEMA) or its successor.
 2. ICFs/IID must first apply for evacuation or sheltering reimbursement from all other sources and request that the Department apply for FEMA assistance on their behalf.
 3. ICFs/IID must submit expense and reimbursement documentation directly related to the evacuation or temporary sheltering of Medicaid residents to the Department.
- B. Eligible expenses for reimbursement must occur as a result of an evacuation and be reasonable, necessary, and proper. Eligible expenses are subject to audit at the Department's discretion and may include the following.
1. Evacuation expenses include expenses from the date of evacuation to the date of arrival at a temporary shelter or another ICF/IID. Evacuation expenses include:
 - a. resident transportation expenses during travel;
 - b. nursing staff expenses when accompanying residents, including:
 - i. transportation; and
 - ii. additional direct care expenses, when a direct care expense increase of 10 percent or more is documented:
 - (a). the direct care expense increase must be based on a comparison to the average of the previous two pay periods or other period comparisons determined acceptable by the Department;
 - c. any additional allowable costs that are directly related to the evacuation and that would normally be allowed under the ICF/IID rate methodology.

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2. Non-ICF/IID facility temporary sheltering expenses include expenses from the date the Medicaid residents arrive at a non-ICF/IID facility temporary shelter to the date all Medicaid residents leave the shelter. A non-ICF/IID facility temporary shelter includes both Medicare/Medicaid-licensed facilities and non-licensed facilities that are not part of a licensed ICF/IID and are not billing for the residents under the ICF/IID reimbursement methodology or any other Medicaid reimbursement system. Non-ICF/IID facility temporary sheltering expenses may include:
 - a. additional nursing staff expenses, including:
 - i. additional direct care expenses, when a direct care expense increase of 10 percent or more is documented:
 - (a). the direct care expense increase must be based on a comparison to the average of the previous two pay periods or other period comparisons determined acceptable by the Department;
 - b. care-related expenses incurred in excess of care-related expenses prior to the evacuation;
 - c. additional medically necessary equipment such as beds and portable ventilators that are not available from the evacuating nursing facility and are rented or purchased specifically for the temporary sheltered residents in accordance with the following:
 - i. these expenses will be capped at a daily rental fee not to exceed the total purchase price of the item; and
 - ii. the allowable daily rental fee will be determined by the Department;
 - d. subject to the restriction at (e) below, any additional allowable costs as determined by the Department and that are directly related to the temporary sheltering and that would normally be allowed under the ICF/IID reimbursement methodology; and
 - e. Reimbursement for room and board costs is not available when beneficiaries are sheltered at facilities not licensed as Medicare/Medicaid providers.
3. Host ICF/IID temporary sheltering expenses include expenses from the date the Medicaid residents are admitted to a licensed ICF/IID to the date all temporary sheltered Medicaid residents are discharged from the ICF/IID, not to exceed a six-month period.
 - a. The host ICF/IID shall bill for the residents under Medicaid's ICF/IID reimbursement methodology.
 - b. Additional direct care expenses may be submitted when a direct care expense increase of 10 percent or more is documented.
 - i. The direct care expense increase must be based on a comparison to the average of the previous two pay periods or other period comparisons determined acceptable by the Department.

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