State Kentucky Attachment 4.19C

Sub 81-12

PAYMENTS FOR RESERVED BEDS

Payment is made for a reserved bed in Intermediate Care Facilities for the Mentally Retarded in accordance with the following:

A. Payment for the bed reservation shall not exceed the following number of days:

   A maximum of fifteen (15) days for a hospital stay for treatment of an acute condition(s), and a total of forty-five (45) days for leave(s) of absence in any given quarter (except that not more than thirty (30) days of such leave may be consecutive days).

B. Payment may ordinarily be made when the following conditions exist:

   1. The individual is an eligible recipient and is authorized for Program benefits in the level of care in which he is currently residing.

   2. The indivudal is expected to return to the same level of care, barring complications;

   3. There is a likelihood that the bed would be occupied by some other patient if not reserved (facilities with a vacancy history would not be reimbursed for reserving a bed);

   4. In the case of a leave of absence, the physician orders and the patient's plan of care provides for such an absence.

State Kentucky

PAYMENTS FOR RESERVED BEDS

Payment is made for a reserved bed for skilled nursing and general intermediate care facilities in accordance with the following:

The program will cover reserved bed days in accordance with the following specified upper limits and criteria.

(1) Reserved bed days will be covered for a maximum of fourteen (14) days per absence for a hospital stay with an overall maximum of forty-five (45) days during the calendar year.

(2) Reserved bed days will be covered for a maximum of fifteen (15) days during the calendar year for leaves of absence other than for hospitalization.

(3) Coverage during a recipient's absence for hospitalization or leave of absence is contingent on the following conditions being met:

(a) The person is in Title XIX payment status in the level of care he/she is authorized to receive and has been a resident of the facility at least overnight. For SNFs, persons for whom Title XIX is making Title XVIII co-insurance payments are not considered to be in Title XIX payment status for purposes of this policy;

(b) The person can be reasonably expected to return to the same level of care;

(c) Due to demand at the facility for beds at that level, there is a likelihood that the bed would be occupied by some other patient were it not reserved;

(d) The hospitalization is for treatment of an acute condition, and not for testing, brace-fitting, etc.; and

(e) In the case of leaves of absence other than for hospitalization, the patient's physician orders and plan of care provide for such leaves. Leaves of absence include visits with relatives and friends, and leaves to participate in state-approved therapeutic or rehabilitative programs.