

Department of Health & Human Services  
Centers for Medicare & Medicaid Services  
233 North Michigan Avenue, Suite 600  
Chicago, Illinois 60601-5519



CENTERS for MEDICARE & MEDICAID SERVICES

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AUG 16 2010

Stephen Fitton, Director  
Medical Services Administration  
Federal Liaison Unit  
Michigan Department of Community Health  
400 South Pine  
Lansing, Michigan 48933

ATTN: Nancy Bishop

Dear Mr. Fitton:

Enclosed for your records is an approved copy of the following State Plan Amendment:

Transmittal #10-007 Reserved Bed Payment Limitation  
Effective April 1, 2010

If you have any questions, please contact Leslie Campbell by telephone at (312) 353-1557 or by e-mail at [Leslie.Campbell@cms.hhs.gov](mailto:Leslie.Campbell@cms.hhs.gov).

Sincerely,

A handwritten signature in black ink that reads "Verlon Johnson".

Verlon Johnson  
Associate Regional Administrator  
Division of Medicaid & children's Health Operations

Enclosure

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: 10 - 07	2. STATE: Michigan
TO: REGIONAL ADMINISTRATOR HEALTH FINANCING ADMINISTRATION DEPARTMENT OF HUMAN SERVICES		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT		4. PROPOSED EFFECTIVE DATE April 1, 2010	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 447.40		7. FEDERAL BUDGET IMPACT: a. FFY 10 _____ \$ -0- _____ b. FFY 11 _____ \$ -0- _____	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-C, page 1		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.19-C, page 1	
10. SUBJECT OF AMENDMENT: Reserved bed payment - limitation			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED    Stephen Fitton, Director <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL    Medical Services Administration			
12. SIGNATURE OF STATE AGENCY OFFICIAL: <i>Stephen Fitton</i>		16. RETURN TO: Medical Services Administration Program/Eligibility Policy Division - Federal Liaison Unit Capitol Commons Center - 7 <sup>th</sup> Floor 400 South Pine Lansing, Michigan 48933	
13. TYPED NAME: Stephen Fitton		Attn: Nancy Bishop	
14. TITLE: Director, Medical Services Administration			
15. DATE SUBMITTED: May 21, 2010			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: <i>May 25, 2010</i>		18. DATE APPROVED: <b>AUG 16 2010</b>	
<b>PLAN APPROVED - ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL: <i>April 1, 2010</i>		20. SIGNATURE OF REGIONAL OFFICIAL: <i>Verlon Johnson</i>	
21. TYPE NAME: Verlon Johnson		22. TITLE: Associate Regional Administrator	
23. REMARKS:			

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**

State of MICHIGAN

***Payment for Reserved Beds  
During a Patient's Absence from an Inpatient Facility***

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- I. Payment is not made for reserving a bed during a recipient's absence from an acute care general hospital.
- II. Payment for reserving a bed during a beneficiary's absence from a Long Term Care Facility:
  - A. Therapeutic Leave Days – payment is subject to the following conditions:
    - 1. The beneficiary is away for therapeutic and non-medical reasons (for example, home visits).
    - 2. Payment for reserving a bed for a beneficiary's therapeutic leave days may not exceed payments for 18 days during a 365 – day period.
    - 3. The bed is reserved for the beneficiary during his/her absence.
    - 4. The beneficiary returns to the facility.
    - 5. The beneficiary's written plan of care provides for "home visits" (defined as visits with friends and/or relatives, i.e., therapeutic leave days).
    - 6. Reimbursement for therapeutic leave days will be made at the facility's current prospective rate. Therapeutic leave days must be included in the daily inpatient census.

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TN NO.: 10-07

Approval Date: AUG 16 2010

Effective Date: 04/01/2010

Supersedes  
TN No.: 05-07