

Distribution: Long Term Care Facilities 00-05

Issued: January 1, 2001

Subject: Nursing Facility Leave Days

Effective: December 1, 2000

Programs Affected: Medicaid

The Medical Services Administration's policy regarding Medicaid payment for hospital and therapeutic leave days is being amended to comply with the Michigan Public Health Code (MCL 333.21777).

HOSPITAL LEAVE DAYS

Effective January 1, 2001, Medicaid will reimburse a nursing facility during a Medicaid resident's temporary absence from the facility for admission to the hospital for emergency medical treatment. If there is a reasonable expectation by the attending physician at the point of admission that the resident will return from the hospital by the end of the tenth day, the nursing facility shall hold the bed.

- The hospital admission must be for emergency medical treatment, as documented by the attending physician in the resident's medical record. This emergency medical treatment must be consistent with the definition of Emergency Medical Condition below.
- There must be a reasonable expectation by the attending physician that the resident will return by the tenth day.
- The patient must return to the nursing home in ten or fewer days to bill for hospital leave days. Otherwise, the nursing home is released from its obligation to hold the bed.

Emergency Medical Condition, Defined

Emergency Medical Condition means a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in: (i) placing the health of the individual in serious jeopardy; (ii) serious impairment to bodily functions, or (iii) serious dysfunction of any bodily organ or part.

Reimbursement

Reimbursement for hospital leave days will be a single rate paid to all nursing facility providers regardless of the facility class. The rate will be determined annually based on the following calculation:

$$\text{average operating cost for nursing facility} \times 95\% \text{ (room \& board portion)} \times 66\% \text{ (salary and wage portion of the rate)} = \text{calculated hospital leave day rate}$$

The annual hospital leave day rate will coincide with the State's fiscal year of October 1 through September 30 of the fiscal year given. The rate effective January 1, 2001 will be \$68.16 per day.

Cost Reporting

A separate accounting of the costs incurred due to the hospital leave day is not necessary. The provider must report a Worksheet 1-B adjustment reducing each Medicaid routine nursing unit's base costs by a dollar amount equal to the "hospital leave day" revenues received for hospital leave days accrued in that nursing unit. The account reference for this cost reduction adjustment for each respective nursing unit is:

Cost Center	Account Name	Account Number
Medicare Unit	Miscellaneous Base	720
Medicaid Routine Care Unit 1	Miscellaneous Base	747
Medicaid Routine Care Unit 2	Miscellaneous Base	774
Medicaid Special Care Unit 1	Miscellaneous Base	801
Medicaid Special Care Unit 2	Miscellaneous Base	828

Since hospital leave day revenue received is a reduction to cost, the nursing facility should **not** count the "hospital leave day" as a resident day of nursing care.

Billing

When billing for hospital leave days, providers must use procedure code 60006, indicating the appropriate quantity.

THERAPEUTIC LEAVE DAYS

Effective with the date of this bulletin, Medicaid will reimburse a nursing facility for 18 therapeutic leave days during a 365-day period. If the resident has a temporary absence from the nursing facility for therapeutic reasons as approved by a physician, the facility shall hold the bed open for up to a total of 18 days during a 365-day period.

Reimbursement

There is no change in the current reimbursement policy for therapeutic leave days.

Billing

There is no change in the billing instructions for therapeutic leave days.

Other policies regarding temporary absences not meeting these criteria are unchanged (for example, absences to go to the hospital for scheduled surgeries or procedures).

MANUAL MAINTENANCE

Retain this bulletin until updated manual pages are issued.

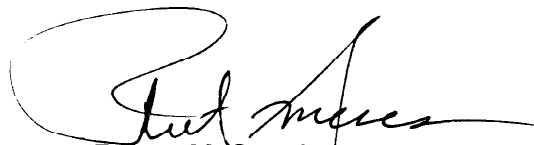
QUESTIONS

Any questions regarding this bulletin should be directed to: Provider Inquiry, Medical Services Administration, PO Box 30479, Lansing, Michigan 48909-7979. Providers may phone toll-free 1-800-292-2550.

APPROVED



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