

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE: TENNESSEE

METHODS OF REIMBURSING FOR RESERVED BEDS IN NURSING FACILITIES
AND INTERMEDIATE CARE FACILITIES FOR THE MENTALLY RETARDED

1. Payments for bed hold days in excess of the limits set out below are not allowable medical expenses.
2. Days when a resident receives Level I or Level II care in a Nursing Facility(NF) or care in an Intermediate Care Facility for the Mentally Retarded (ICF/MR) and such days have not been approved by Medicaid for payment of his care in the facility are not allowable medical expenses.
3. Nursing facility residents receiving Level II care:

Medicaid does not reimburse for holding a nursing facility bed when the patient is not physically present in the facility.
4. Nursing facility residents receiving Level I care:

Effective October 1, 2005, reimbursement will be made for up to a total of 10 days per state fiscal year while the resident is hospitalized or absent from the facility on therapeutic leave. The following conditions must be met in order for a bed hold reimbursement to be made under this provision:
 - (a) The resident intends to return to the NF.
 - (b) For hospital leave days:
 - (1) Each period of hospitalization is physician ordered and so documented in the patient's medical record in the NF; and
 - (2) The hospital provides a discharge plan for the resident.
 - (c) Therapeutic leave days, when the resident is absent from the facility on a therapeutic home visit or other therapeutic absence, are provided pursuant to a physician's order.
 - (d) At least 85% of all other beds in the NF are occupied at the time of the hospital admission or therapeutic absence.

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5. Residents receiving care in an ICF/MR:

Reimbursement for bed holds will be made as outlined below. Payments for days in excess of these limits are not allowable medical expenses. The following conditions must be met in order for a bed hold reimbursement to be made:

- (a) For days not to exceed 15 days per occasion while the recipient is hospitalized and the following conditions are met:
 - (1) The resident intends to return to the ICF/MR.
 - (2) The hospital provides a discharge plan for the resident.
 - (3) At least 85% of all other beds in the ICF/MR certified at the recipient's designated level of care (i.e., intensive training, high personal care or medical), when computed separately, are occupied at the time of hospital admission.
 - (4) Each period of hospitalization must be physician ordered and so documented in the patient's medical record in the ICF/MR.
- (b) For days not to exceed 60 days per state fiscal year and limited to 14 days per occasion while the recipient, pursuant to a physician's order, is absent from the facility on a therapeutic home visit or other therapeutic absence.

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